

**2003**

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**Wisconsin  
Nursing Homes  
and Residents**

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*Bureau of Health Information and Policy  
Division of Public Health  
Wisconsin Department of Health and Family Services*

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# **Wisconsin Nursing Homes and Residents 2003**

*October 2004*

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*Bureau of Health Information and Policy  
Division of Public Health  
Wisconsin Department of Health and Family Services*

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## Foreword

This report presents key statistical information about Wisconsin nursing homes and their residents.

The source of data for most of the information in this report is the 2003 Annual Survey of Nursing Homes. This survey is conducted annually by the Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, in cooperation with the Division of Health Care Financing, Bureau of Fee-for-Service Health Care Benefits; the Division of Disability and Elder Services, Bureau of Quality Assurance; and the state's nursing home industry.

The Bureau of Health Information and Policy is a new bureau in the Division of Public Health. It comprises the former Bureau of Health Information (which was part of the Division of Health Care Financing) and selected policy staff from the Division of Public Health.

The Bureau of Health Information and Policy would like to acknowledge and thank the personnel of all Wisconsin nursing homes who provided information about their facilities and residents.

Yiwu Zhang prepared this report. Kitty Klement, Jane Conner, LuAnn Hahn and Kim Voss implemented various aspects of data collection and editing activities. Patricia Nametz edited the report. Review and comment were provided by David Lund in the Bureau of Fee-for-Service Health Care Benefits, and Carey Fleischmann and Billie March in the Bureau of Quality Assurance. The report was prepared under the supervision of Judith Nugent, Chief, Health Care Information Section, and the overall direction of Susan Wood, Director, Bureau of Health Information and Policy.

A copy of the survey instrument used to collect the data presented in this report is included in the Appendix. Copies of this report are available on the Department's Web site at <http://dhfs.wisconsin.gov/provider/index.htm>. Suggestions, comments and requests for additional data may be addressed to:

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## Introduction

All of the information about facilities and most of the information about residents in this report is derived from the 2003 Annual Survey of Nursing Homes conducted by the Wisconsin Department of Health and Family Services. Where appropriate, data from previous surveys are provided for comparison purposes.

The Annual Survey of Nursing Homes utilizes a survey date of December 31; that is, facilities are asked to report many survey items as of that date. For example, in the most recent survey each nursing home reported the number of facility residents and the number of staffed beds as of December 31, 2003. Other data items, such as the number of inpatient days, were reported for all of calendar year 2003.

This report presents data from nursing homes (defined by Wisconsin Administrative Code HFS 132.14 (1)), which include skilled nursing facilities (SNFs), intermediate care facilities (ICFs), and institutions for mental diseases (IMDs).

In 2003, there were 403 nursing homes licensed to provide services in Wisconsin under HFS 132, Wis. Admin. Code. As in previous years, this report excludes information from Clearview Sanatorium, Delafield, because this religious facility differs significantly from other nursing homes in the types of care provided. Data on this facility can be found in the *Wisconsin Nursing Home Directory, 2003* (also compiled by the Bureau of Health Information and Policy, Department of Health and Family Services).

In addition to the facility-based aggregate data on nursing home residents, detailed resident-based data were submitted by 402 Medicare- and/or Medicaid-certified skilled nursing facilities, intermediate care facilities, and institutions for mental diseases. Facilities certified to provide care under the Medicare and/or Medicaid programs have met the Conditions of Participation developed by the federal Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration). The detailed resident-based data were derived from the federally mandated Minimum Data Set, Version 2 (MDS 2.0), which is used by nursing homes to regularly assess each resident's health care needs and functional status. MDS 2.0 includes information on medical conditions and resident history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being.

Tables 28, 29 and 30 in this report are based on the MDS resident-based data collected from the 402 Medicare- and/or Medicaid-certified nursing homes. The count of nursing home residents at the end of 2003 based on MDS data differed little from the aggregate count of residents taken on December 31. See the Technical Notes (page 45) for a description of how this discrepancy was handled in preparing the data.

Nursing homes in Wisconsin are licensed to accept patients with specific categories of health care needs. Skilled nursing facilities (SNFs) and intermediate care facilities (ICFs) provide primarily medical care to restore individuals to their rehabilitative potential. Institutions for mental diseases (IMDs) serve residents with psychotic and nonpsychotic mental illness.

For reimbursement purposes, residents of nursing homes are classified according to the levels of care and types of services they require. Intense skilled nursing (ISN) care is provided to residents who need complex interventions and monitoring by professional nurses with specialized nursing assessment skills. Skilled nursing (SN) care is provided by, or under the supervision of, registered nurses and requires skill in assessing, observing and supervising the physical, emotional, social and restorative care needs of a patient. Intense skilled and skilled nursing care is provided on a continuous basis under the general direction of a physician.

Intermediate care (ICF-1) is professional, general nursing care needed to maintain the stability of patients with long-term illnesses or disabilities. Limited care (ICF-2) includes simple nursing procedures required to

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maintain the stability of patients with long-term illnesses or disabilities. Personal care (ICF-3) is limited to assistance, supervision and protection for individuals who need periodic medical services, but not ongoing nursing care. Residential care (ICF-4) is provided to disabled individuals who need social services or activity therapy based on a physician's directive.

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## Key Findings

- Wisconsin had 403 nursing homes in 2003. These included 398 skilled nursing facilities (SNFs), 2 intermediate care facilities (ICFs), and 3 institutions for mental diseases (IMDs).
- Seven nursing homes in Wisconsin closed in 2003: four nonprofit homes, two proprietary homes, and one governmental home. Two facilities opened, one governmental and the other proprietary. Five homes changed ownership type: four from proprietary to nonprofit, and one from nonprofit to proprietary.
- From 1998 to 2003, the following measures of Wisconsin nursing home utilization declined.
  - ⇒ Staffed beds declined from 46,239 to 39,703, a decrease of 14 percent.
  - ⇒ Licensed beds declined 15 percent, from 47,780 to 40,633.
  - ⇒ The total number of residents on December 31 declined 11 percent, from 40,625 to 36,005.
  - ⇒ The number of inpatient days declined 12 percent, from 15.0 million to 13.2 million.
  - ⇒ The nursing home utilization rate decreased from 54 to 46 per 1,000 for persons aged 65 and over (15 percent), and from 216 to 171 per 1,000 for persons aged 85 and over (21 percent).
- Percent occupancy increased from 86.3 percent in 1998 to 87.3 percent in 2003 (1 percentage point). In December 2003, the average percent occupancy nationwide was 85.6 percent.
- In 2003, the number of licensed beds in Wisconsin declined 6 percent (by 2,641 beds), the largest one-year decrease ever.
- The number of nursing homes with 200 or more beds declined from 37 in 2002 to 22 in 2003 (41 percent).
- From 1998 to 2003, annual admissions to Wisconsin nursing homes increased from 51,277 to 53,902, or 5 percent.
- Between 1997 and 2003, the number of Medicare-certified facilities remained relatively stable, while the number of Medicare-certified beds increased by 66 percent.
- The average per diem rate in 2003 for care received by nursing home residents was \$151, an increase of 7 percent from 2002 (\$141). In 2003, the overall rate of inflation was 2.3 percent, as measured by the consumer price index, and the inflation rate for medical care was 4.0 percent.
- The number of full-time equivalent employees (FTEs) per 100 nursing home residents remained stable at 104.4 in 2003.
- In 2003, on average, nursing homes in Wisconsin provided 3.43 hours of direct care per day per resident at the skilled level of care, 37 percent higher than the state minimum requirement. Of the 3.43 hours, more than one hour was provided by either an RN or an LPN, 0.58 hour was RN care only, 0.49 hour was LPN care only and 2.35 hours were NA care only.
- From 2002 to 2003, turnover rates for nursing assistants (NAs) of all facility ownership types declined.
- In 2003, the percent of full- and part-time nursing assistants (NAs) who had worked at the facility for more than one year increased in all types of facilities. While the percent of full- and part-time LPNs who had worked at the facility for more than one year all decreased.

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- Ninety-nine percent of nursing home residents admitted in 2003 required intense skilled nursing or skilled nursing care, compared with 92.5 percent in 1993.
  - Between 2002 and 2003, admissions paid primarily by Medicare increased 4 percent, those paid primarily by Family Care increased 27 percent, and those paid primarily by Medicaid declined 2 percent. (Family Care is a Medicaid-funded benefit in five counties; see p. 47.)
  - In 2003, 72 percent of admissions had Medicare as primary pay source, 11 percent had Medicaid, and 11 percent were private pay.
  - Eighty-nine percent of people admitted to Wisconsin nursing homes in 2003 were 65 years of age and older, compared to 90 percent in 2002 and 91 percent in 2001.
  - Eighty-three percent of residents admitted to skilled nursing facilities and intermediate care facilities in 2003 came directly from an acute care hospital, compared to 81 percent the previous year.
  - Among discharges from skilled nursing or intermediate care facilities (SNFs/ICFs) in 2003, 16 percent were to acute care hospitals, 43 percent were to private homes, and 27 percent were deaths.
  - Nursing home utilization rates declined for all age groups in 2003. For every 1,000 Wisconsin adults aged 95 and over, 416 were residing in a nursing home in 2003 (down from 436 in 2002).
  - On December 31, 2003, 64 percent of nursing home residents had Medicaid as their primary pay source, down from 65 percent in 2002 and 67 percent in 2001.
  - On December 31, 2003, 37 percent of SNF and ICF residents had been in the nursing home less than one year (compared with 36 percent the previous year). Eighteen percent had been there less than 100 days, compared with 17 percent in 2002 and 16 percent in 2001.
  - Ninety-two percent of nursing home residents were age 65 and older, and 51 percent were 85 and older.
  - On December 31, 2003, 50 percent of SNF/ICF residents with Medicaid had been eligible at time of admission, unchanged from 2002.
  - All IMD residents with Medicaid were eligible at time of admission, compared to 97 percent in 2002 and 73 percent in 2001.
  - On December 31, 2003, 4 percent of all Wisconsin nursing home residents were being physically restrained, compared with 4 percent in 2002, 5 percent in 2001, and 7 percent in 2000.
  - The percent of nursing homes which reported having *no* physically restrained residents on December 31 increased from 3 percent in 1996 to 35 percent in 2003.
  - Twenty-nine percent of nursing home residents were totally dependent in at least one of four Activities of Daily Living (ADLs) in 2003, compared to 28 percent in 2002 and 25 percent in 2001.
  - Over three-quarters (76 percent) of nursing home residents aged 85 and over had problems with short-term memory, and more than half (51 percent) had problems with long-term memory.

**Table 1. Selected Measures of Nursing Home Utilization, Wisconsin 1998-2003**

Utilization Measure	1998	1999	2000	2001	2002	2003
<b>As of December 31:</b>						
Number of Nursing Homes	425	424	419	411	408	403
Licensed Beds	47,780	47,296	45,978	44,319	43,274	40,633
Beds Set Up and Staffed	46,239	44,920	42,883	41,471	40,414	39,703
Total Residents	40,625	39,719	38,381	37,506	36,587	36,005
Residents Age 65 and Over						
Number	37,764	36,864	35,643	34,728	33,841	33,185
Percent	93.0	92.8	92.9	92.6	92.5	92.2
Rate per 1,000 Population*	54.3	52.9	50.7	48.9	47.7	46.4
Residents Age 85 and Over						
Number	20,281	19,725	19,236	19,037	18,575	18,295
Percent	49.9	49.7	50.1	50.8	50.8	50.8
Rate per 1,000 Population*	216.4	206.6	201.2	197.0	179.4	171.2
Medicaid Residents (Percent)	67.7	66.8	66.8	66.7	65.4	63.9
<b>Calendar Year:</b>						
Inpatient Days	15,016,447	14,596,115	14,186,112	13,798,119	13,546,635	13,228,370
Percent Change	-3.0	-2.8	-2.8	-2.7	-1.8	-2.3
Average Daily Census	41,257	40,004	38,852	37,816	37,112	36,247
Percent Occupancy**	86.3	84.6	84.5	84.6	85.2	87.3
Percent of Licensed Beds Not Staffed**	3.2	5.0	6.7	7.2	7.2	4.4
Total Admissions	51,277	51,186	51,277	51,741	52,290	53,902
Total Discharges and Deaths	52,462	51,984	51,947	52,101	52,982	54,254

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

\* The rate is the number of nursing home residents per 1,000 population in this age group.

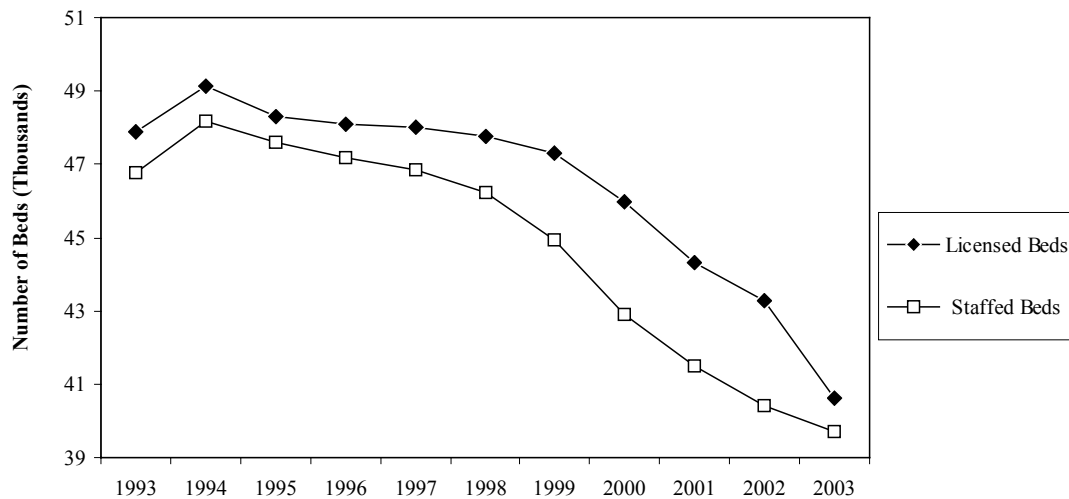
\*\* Percent occupancy equals average daily census divided by licensed beds, multiplied by 100. Due to bed reductions at nursing homes, occupancy rates (percent occupancy and percent of beds not staffed) were calculated using the average number of licensed beds in the calendar year rather than the number of licensed beds on December 31.

Notes: Throughout this report, **nursing homes** are defined to include skilled nursing facilities, intermediate care facilities, and institutions for mental diseases (see HFS 132.14 (1)).

The Annual Survey of Nursing Homes asks facilities to report many data items as of December 31 of the survey year. Other items are based on the entire calendar year.

- From 1998 to 2003, the following measures of Wisconsin nursing home utilization declined.
  - ⇒ Staffed beds declined from 46,239 to 39,703, a decrease of 14 percent.
  - ⇒ Licensed beds declined 15 percent, from 47,780 to 40,633.
  - ⇒ The total number of residents on December 31 declined 11 percent, from 40,625 to 36,005.
  - ⇒ The number of inpatient days declined 12 percent, from 15.0 million to 13.2 million.
  - ⇒ The nursing home utilization rate decreased from 54 to 46 per 1,000 for persons aged 65 and over (15 percent), and from 216 to 171 per 1,000 for persons aged 85 and over (21 percent).
- Percent occupancy increased from 86.3 percent to 87.3 percent (1 percentage point). In December 2003, the average percent occupancy nationwide was 85.6 percent (see Technical Notes on page 48 for source).
- From 1998 to 2003, annual admissions to Wisconsin nursing homes increased from 51,277 to 53,902, or 5 percent.

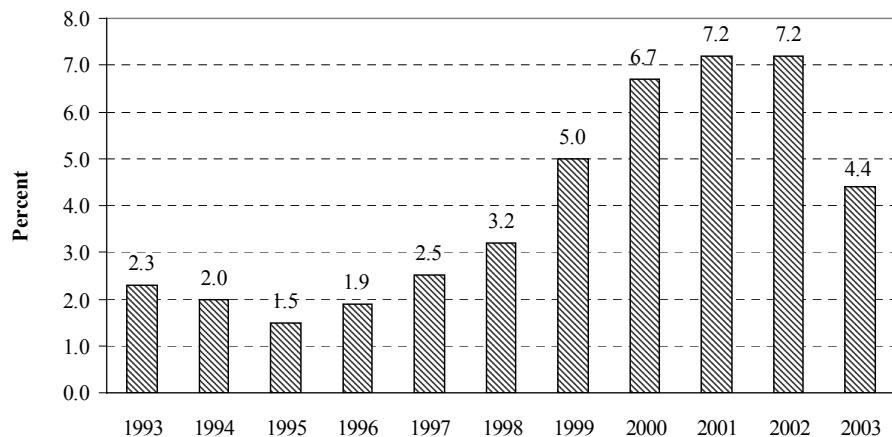
**Figure 1. Number of Nursing Home Licensed Beds and Staffed Beds, Wisconsin 1992-2002**



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: Licensed beds means beds that are licensed, regardless of whether they are available for occupancy. Staffed beds means licensed beds that are set up, staffed, and available for occupancy.

**Figure 2. Percent of Nursing Home Licensed Beds Not Staffed, Wisconsin 1992-2002**



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- From 1993 to 2003, the number of licensed beds in Wisconsin nursing homes declined 15 percent, from 47,883 to 40,633. The number of staffed beds also decreased 15 percent during this decade, from 46,768 to 39,703.
- In 2003, the number of licensed beds in Wisconsin declined 6 percent (by 2,641 beds), the largest one-year decrease ever. This may have been caused by the imposition of a \$75.00 bed assessment fee per bed per month starting in 2003.
- The percent of licensed beds that were not staffed increased from 2.3 percent in 1993 to 4.4 percent in 2003.

**Table 2. Nursing Home Capacity by Licensure Category, Facility Ownership and Bed Size, Wisconsin 2003**

Selected Facility Characteristics	Facilities		Licensed Beds		Percent of Beds Not Staffed	Percent Occupancy
	Number	Percent	Number	Percent		
<b>State Total</b>	403	100%	40,633	100%	4.4%	87.3%
<b>Licensure Category</b>						
Skilled Nursing Facilities	398	99	40,406	99	4.4	87.3
Intermediate Care Facilities	2	<1	45	<1	2.2	89.1
Institutions for Mental Diseases	3	1	182	<1	0.0	95.6
<b>Facility Ownership</b>						
Governmental	59	15	7,565	19	5.3	88.6
Nonprofit	154	38	14,772	36	2.7	90.0
Proprietary	190	47	18,296	45	5.3	84.6
<b>Bed Size</b>						
Fewer than 50 beds	44	11	1,406	3	2.9	82.2
50-99 beds	189	47	13,707	34	3.7	87.1
100-199 beds	148	37	19,600	48	5.2	87.0
200 beds and over	22	5%	5,920	15%	3.6%	90.0%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The percent occupancy is the average percentage of licensed beds occupied during the year and equals the average daily census divided by the number of licensed beds, multiplied by 100 (see Table 1). Due to bed reductions at nursing homes, occupancy rates (percent of beds not staffed and percent of occupancy) were calculated using the average number of licensed beds rather than the number of licensed beds on December 31.

- Seven nursing homes in Wisconsin closed in 2003: four nonprofit homes, two proprietary homes, and one governmental home. Two facilities opened, one governmental and the other proprietary. Five homes changed ownership type: four from proprietary to nonprofit, and one from nonprofit to proprietary.
- Compared with 2002, the number of licensed beds decreased 8 percent for governmental homes, 6 percent for proprietary homes, and 5 percent for nonprofit homes.
- Three of the seven nursing homes that closed had a bed size of 200 and over, two had a bed size of between 50 and 100, and two had a bed size of fewer than 50.
- The overall occupancy rate for Wisconsin nursing homes increased 2 percentage points from 2002, from 85.2 percent to 87.3 percent.
- The percent of beds not staffed decreased for all types of ownership by at least 2 percentage points.
- The number of nursing homes with 200 or more beds declined from 37 in 2002 to 22 in 2003 (41 percent).
- Facilities with 200 beds and over had the highest percent occupancy (89.9 percent), while homes with fewer than 50 beds had the lowest (82.2 percent).

## Nursing Home Characteristics

**Table 3. Nursing Home Capacity by County, Wisconsin 2003**

County of Location	Facilities on 12/31/03	Licensed Beds on 12/31/03	Staffed Beds on 12/31/03	Total Inpatient Days	Residents on 12/31/03	Average Daily Census	Percent Occupancy
<b>State Total</b>	403	40,633	39,703	13,228,370	36,005	36,247	87.3
Adams	2	120	117	35,347	97	97	80.8
Ashland	3	289	251	79,029	213	216	72.7
Barron	8	528	522	166,443	450	456	85.8
Bayfield	1	75	75	25,189	64	69	92.0
Brown	14	1,373	1,349	434,723	1,171	1,191	85.9
Buffalo	2	151	150	40,810	103	111	71.6
Burnett	2	143	141	49,785	136	137	94.6
Calumet	3	214	214	70,355	186	192	84.5
Chippewa	6	649	616	217,064	586	594	88.9
Clark	4	439	435	149,385	414	410	90.4
Columbia	5	514	512	169,136	463	463	88.3
Crawford	2	162	157	45,911	121	125	76.8
Dane	21	1,937	1,883	630,367	1,719	1,727	86.1
Dodge	10	1,060	1,049	347,486	946	953	87.2
Door	3	228	209	72,489	195	199	86.7
Douglas	4	432	432	149,697	400	410	90.9
Dunn	3	262	251	87,298	231	239	86.5
Eau Claire	6	633	630	211,577	571	580	89.0
Florence	1	73	73	21,851	60	60	81.6
Fond du Lac	10	924	923	304,792	816	836	89.1
Forest	2	143	143	46,319	135	127	88.8
Grant	9	639	633	212,426	572	582	90.2
Green	3	301	301	101,924	268	279	88.6
Green Lake	3	213	206	67,634	179	185	84.0
Iowa	3	188	179	57,268	161	158	82.8
Iron	2	106	106	38,162	106	104	98.1
Jackson	2	191	185	56,094	159	154	76.1
Jefferson	4	299	299	102,686	274	281	80.3
Juneau	3	196	196	69,103	190	189	95.5
Kenosha	9	1,106	1,074	355,222	991	972	87.4
Kewaunee	2	143	115	38,473	111	106	73.2
La Crosse	8	963	960	317,730	869	870	87.2
Lafayette	1	97	97	32,597	91	89	90.9
Langlade	1	173	168	58,038	163	159	94.4
Lincoln	3	346	311	105,294	285	288	84.5
Manitowoc	6	782	779	273,554	758	750	94.6
Marathon	6	834	819	286,188	798	785	93.2
Marinette	6	602	602	196,013	524	537	86.7
Marquette	1	46	46	15,882	42	44	95.7
Milwaukee	48	6,418	6,165	2,062,728	5,539	5,649	85.9
Monroe	4	325	325	108,158	286	296	87.5

(Continued)

## Nursing Home Characteristics

**Table 3. Nursing Home Capacity by County, Wisconsin 2003 (Continued)**

County of Location	Facilities on 12/31/03	Licensed Beds on 12/31/03	Staffed Beds on 12/31/03	Total Inpatient Days	Residents on 12/31/03	Average Daily Census	Percent Occupancy
Oconto	4	268	265	69,984	191	201	75.0
Oneida	3	315	305	101,956	268	280	88.9
Outagamie	10	1,040	1,032	352,394	947	965	92.3
Ozaukee	5	564	564	168,183	466	463	81.8
Pepin	2	118	118	37,834	100	104	91.3
Pierce	5	307	304	89,178	249	245	78.2
Polk	6	454	441	150,755	407	414	89.3
Portage	2	308	297	79,416	213	217	70.7
Price	2	252	225	69,746	188	191	75.8
Racine	6	724	724	255,677	705	700	96.6
Richland	2	132	132	41,388	114	113	82.0
Rock	9	835	834	282,425	774	774	85.8
Rusk	2	158	158	52,967	147	146	92.1
St. Croix	9	602	582	190,300	518	520	77.8
Sauk	6	467	451	153,616	427	421	88.0
Sawyer	2	135	135	43,837	117	120	88.6
Shawano	5	487	451	148,730	406	407	82.9
Sheboygan	11	1,035	1,008	352,544	975	965	91.1
Taylor	3	226	221	69,096	196	189	79.5
Trempealeau	9	537	537	181,081	489	496	91.2
Vernon	4	336	314	105,676	288	290	83.6
Vilas	1	79	79	24,135	72	66	83.0
Walworth	8	651	644	223,870	589	613	93.1
Washburn	2	160	156	48,157	135	132	82.5
Washington	5	707	693	233,497	637	640	90.5
Waukesha	17	2,057	2,051	689,497	1,905	1,887	89.5
Waupaca	10	1,446	1,430	488,838	1,339	1,340	92.4
Waushara	1	78	78	27,135	76	74	94.9
Winnebago	10	1,141	1,113	373,438	1,048	1,022	89.5
Wood	6	697	663	212,793	576	583	83.1

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The number of residents was based on the county of residence prior to entering the nursing home.

Average daily census is the number of residents on an average day during the year.

Percent occupancy is the average percent of licensed beds occupied during the year.

Menominee County is not listed because there are no nursing homes in that county.

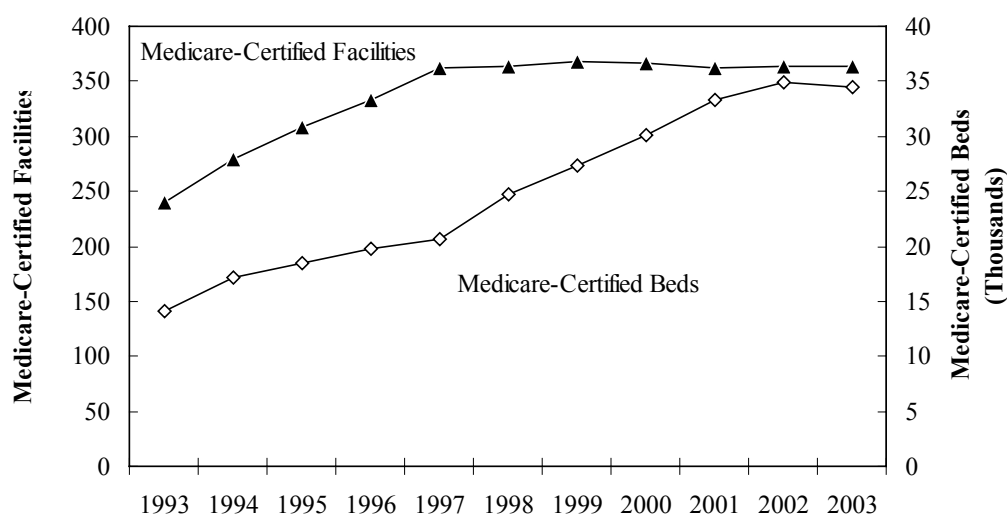
- Statewide, staffed beds on December 31 decreased 2 percent in 2003. Staffed beds in Milwaukee County declined 5 percent.
- The number of licensed beds in Racine and Jefferson counties declined 30 percent and 28 percent respectively. The total number of inpatient days for these two counties also decreased (18 percent and 11 percent, respectively).
- Portage County had the lowest occupancy rate (70.7 percent) in Wisconsin, while Iron County had the highest (98.1 percent).
- Among the 10 counties (down from 13 counties in 2002) which had more than 1,000 licensed beds, Waupaca County had the highest occupancy rate (92.3 percent).

**Table 4. Number of Medicaid- and Medicare-Certified Nursing Homes and Beds, Wisconsin 1993-2003**

Year	Medicaid-Certified Facilities		Medicare-Certified Facilities		Medicare-Certified Beds	
	Number	Percent	Number	Percent	Number	Percent
1993	390	97%	240	60%	14,132	30%
1994	402	97	279	67	17,236	35
1995	402	96	309	74	18,412	38
1996	403	96	333	79	19,761	41
1997	403	94	362	85	20,716	43
1998	403	95	363	85	24,677	52
1999	404	95	368	87	27,320	58
2000	400	95	366	87	30,079	66
2001	393	96	362	88	33,320	76
2002	389	95	363	89	34,914	81
2003	385	96%	363	90%	34,477	85%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

**Figure 3. Number of Medicare-Certified Facilities and Beds, Wisconsin 1993-2003**



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: A Medicare-certified facility may have all or only some of its beds certified for Medicare patients. On the annual survey, each Medicare-certified facility reports the number of its beds that are Medicare-certified.

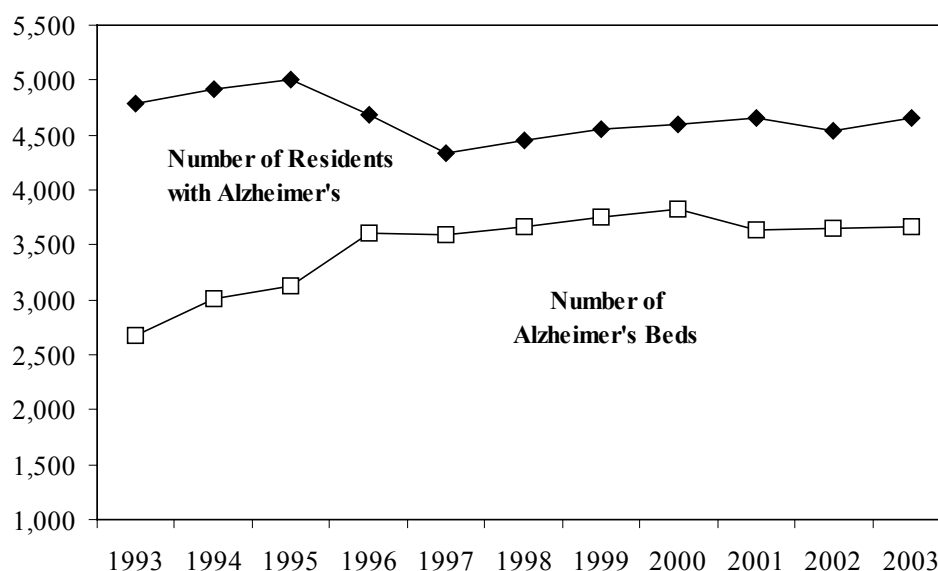
- Medicare-certified beds in Wisconsin nursing homes increased 147 percent between 1993 and 2002, but decreased in 2003 by 1 percent. This was the first decrease since 1993 in Medicare-certified beds.
- In 2003, 85 percent of all licensed skilled-care beds (34,477 out of 40,633) were Medicare-certified, up from 81 percent in 2002. Only 29 percent of all licensed skilled-care beds were Medicare-certified in 1993.
- Between 1997 and 2003, the number of Medicare-certified facilities remained relatively stable, while the number of Medicare-certified beds increased by 66 percent.

**Table 5. Skilled Nursing Facilities with Special Units for Alzheimer's Disease, Wisconsin 1993-2003**

Year	Number of Facilities	Percent of Facilities	Number of Alzheimer's Beds	Total Residents With Alzheimer's
1993	75	17%	2,678	4,782
1994	86	21	3,009	4,914
1995	91	22	3,123	5,004
1996	108	26	3,607	4,686
1997	111	26	3,590	4,336
1998	118	28	3,663	4,454
1999	124	30	3,756	4,547
2000	133	32	3,821	4,595
2001	126	31	3,633	4,649
2002	127	32	3,649	4,536
2003	128	32%	3,670	4,655

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

**Figure 4. Number of Alzheimer's Beds and Nursing Home Residents with Alzheimer's, Wisconsin 1993-2003**



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- The number of nursing home beds in self-designated special units for Alzheimer's increased by 21 beds (less than 1 percent) in 2003, while the total number of nursing home residents with Alzheimer's increased by 119 (3 percent).
- From 1993 to 2003, the number of beds in special units for Alzheimer's disease increased 37 percent, while the number of nursing home residents with a primary diagnosis of Alzheimer's decreased 3 percent. There were 1.3 nursing home residents with Alzheimer's for every Alzheimer's bed in 2003, down from 1.8 for each bed in 1993.

**Table 6. Specialized Capacity of Skilled Nursing Facilities by County, Wisconsin 2003**

County of Location	Medicare-Certified Facilities	Medicare-Certified Beds	Alzheimer's Units	Alzheimer's Beds	Total Number Of Alzheimer's Residents on 12/31
<b>State Total</b>	363	34,477	128	3,670	4,655
Adams	1	102	0	0	12
Ashland	2	229	1	49	13
Barron	4	279	3	58	97
Bayfield	1	75	0	0	9
Brown	13	1,008	5	135	195
Buffalo	2	150	0	0	11
Burnett	2	143	0	0	9
Calumet	3	214	1	12	37
Chippewa	5	495	1	100	26
Clark	4	341	2	54	76
Columbia	5	514	3	81	80
Crawford	2	162	0	0	17
Dane	20	1,758	6	157	168
Dodge	10	1,012	2	68	130
Door	3	222	2	39	37
Douglas	4	432	2	83	51
Dunn	2	106	2	32	43
Eau Claire	6	633	1	11	91
Florence	1	73	0	0	4
Fond du Lac	9	701	6	140	147
Forest	2	143	2	40	18
Grant	9	584	4	65	75
Green	3	301	2	39	20
Green Lake	3	213	1	12	25
Iowa	3	185	1	25	37
Iron	1	70	0	0	6
Jackson	2	191	1	28	26
Jefferson	4	299	0	0	39
Juneau	3	196	2	28	47
Kenosha	9	941	1	24	136
Kewaunee	2	125	0	0	4
La Crosse	7	623	3	123	105
Lafayette	1	97	1	10	14
Langlade	1	168	0	0	2
Lincoln	3	311	0	0	29
Manitowoc	6	628	3	73	80
Marathon	6	790	1	58	76
Marinette	6	602	4	67	67
Marquette	1	46	0	0	6
Milwaukee	45	5,948	18	725	629
Monroe	4	325	2	34	28

(Continued)

**Table 6. Specialized Capacity of Skilled Nursing Facilities by County, Wisconsin 2003**

County of Location	Medicare-Certified Facilities	Medicare-Certified Beds	Alzheimer's Units	Alzheimer's Beds	Total Number Of Alzheimer's Residents on 12/31
Oconto	4	268	2	28	30
Oneida	2	59	2	56	30
Outagamie	9	937	3	84	129
Ozaukee	5	416	1	34	82
Pepin	2	118	0	0	8
Pierce	5	274	1	18	37
Polk	4	327	1	17	73
Portage	2	198	0	0	29
Price	2	99	1	30	18
Racine	6	724	2	133	131
Richland	1	22	1	11	18
Rock	9	772	2	49	75
Rusk	2	158	0	0	29
St. Croix	9	602	1	10	63
Sauk	5	458	1	24	81
Sawyer	2	135	0	0	13
Shawano	4	327	3	40	69
Sheboygan	8	852	3	59	56
Taylor	2	176	0	0	17
Trempealeau	4	282	2	35	59
Vernon	4	335	1	14	45
Vilas	1	79	1	24	21
Walworth	7	455	1	56	91
Washburn	1	66	1	15	22
Washington	5	707	2	108	88
Waukesha	15	1,920	5	190	230
Waupaca	8	663	3	122	144
Waushara	1	78	1	24	11
Winnebago	9	929	3	93	125
Wood	5	606	1	26	109

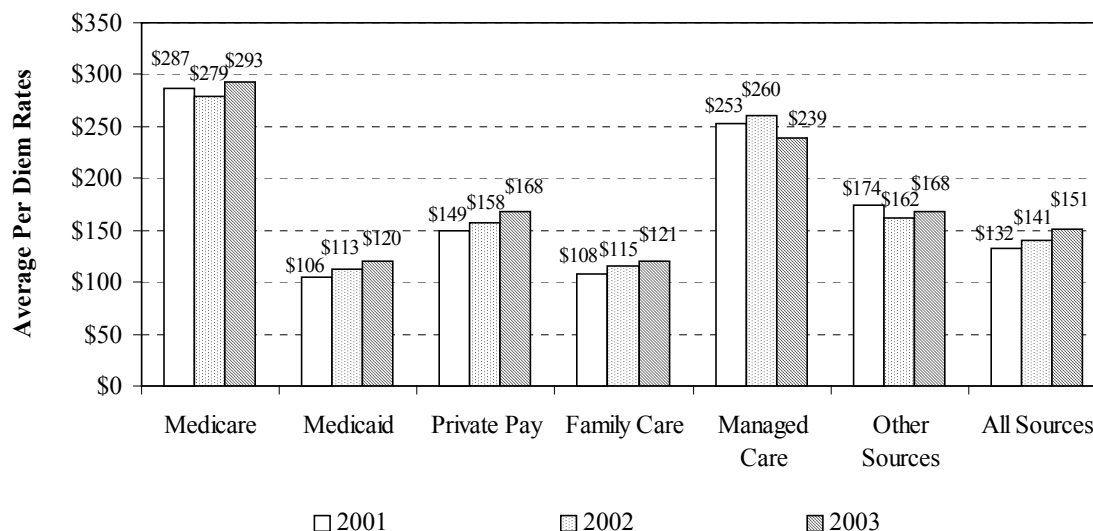
Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: This table shows two aspects of specialized capacity among skilled nursing facilities: (1) facilities that are certified to provide Medicare-reimbursed care, and the number of beds for which they are certified to provide this care; and (2) facilities with self-designated special Alzheimer's units, and the number of beds in those units.

Menominee County is not listed because there are no nursing homes in that county.

- In 2003, four counties had a growth rate higher than 20 percent in the number of Medicare-certified beds: Sauk, Oconto, Calumet, and Brown. Statewide, the number of Medicare-certified beds was down 1 percent from 2002.
- Milwaukee County had an 11 percent increase in the number of Alzheimer's beds compared with the previous year (from 651 beds to 725 beds). The number of Medicare-certified beds in the county was down 6 percent.
- Fifty-two counties had more nursing home residents with Alzheimer's than Alzheimer's beds on December 31, 2003 (up from 31 counties in 2002), and 17 counties had no specialized Alzheimer's units. Seventeen counties had more Alzheimer's beds than Alzheimer's residents on December 31, 2003.

**Figure 5. Nursing Home Average Per Diem Rates by Primary Pay Source, Wisconsin, December 31, 2001 - 2003**



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: "Other Sources" includes mostly residents whose pay source was the Department of Veterans Affairs. Beginning in 2001, a Family Care per diem rate has been added to the survey (see Table 7). See Technical Notes (Page 47) for a definition of the Family Care program.

- The average per diem rate in 2003 for care received by nursing home residents was \$151, an increase of 7 percent from 2002 (\$141). In 2003, the overall rate of inflation was 2.3 percent, as measured by the consumer price index, and the inflation rate for medical care was 4.0 percent.
- The average per diem rate for Medicare increased 5 percent in 2003, from \$279 to \$293, after a 3 percent decline in 2002.
- The Medicaid average per diem rate was up 6.2 percent in 2003, from \$113 to \$120.
- The private pay average per diem rate increased 6.3 percent in 2003, from \$158 to \$168.
- The Family Care average per diem rate increased 5.2 percent in 2003, from \$115 to \$121.
- The managed care average per diem rate was down 8.1 percent in 2003, from \$260 to \$239.
- The average per diem rate for other pay sources increased 3.7 percent in 2003, from \$162 to \$168.
- According to the 1999 National Nursing Home Survey (the latest available national data), the national average per diem rate was \$166 for Medicare, \$106 for Medicaid, \$115 for private pay, and \$116 across all sources of primary payment (see Technical Notes on page 48 for source).

**Table 7. Nursing Home Average Per Diem Rates by Care Level and Primary Pay Source, Wisconsin, December 31, 2003**

Level of Care	Average Per Diem Rate (in Dollars)						All Sources
	Medicare	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Intense Skilled Nursing	\$300	\$141	\$202	\$136*	\$336*	\$150*	\$214
Skilled Nursing	292	120	168	122	230	152	151
Intermediate	N/A	102	153	99*	236*	245	114
Limited	N/A	93	118	109*	0	250*	127
Personal	N/A	0	107*	0	0	0	107*
Residential	N/A	0	88*	58*	0	0	85*
Traumatic Brain Injury	0	569*	788*	0	625*	0	595
Ventilator-Dependent	241*	395*	601*	0	0	400*	398
Developmental Disabilities (DD1A)	N/A	171	0	0	0	0	171
Developmental Disabilities (DD1B)	N/A	184*	0	0	0	0	184*
Developmental Disabilities (DD2)	N/A	160*	0	0	0	0	160*
Developmental Disabilities (DD3)	N/A	124*	0	0	0	0	124*
All Levels	\$293	\$120	\$168	\$121	\$239	\$168	\$151

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Rates shown in this table are the average daily rate for each pay source and level of care category weighted by the number of residents receiving care at a particular rate.

An "N/A" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

A "\*" indicates that the per diem rate for that category was calculated based on rates for less than 30 residents (rates for those few residents may not be representative of typical rates).

"Other Sources" includes mostly residents whose pay source was the Department of Veterans Affairs.

See Technical Notes (page 46) for definitions of all level of care categories shown in this table.

- Managed care had the highest average per diem rate for intense skilled nursing care (\$336); this rate decreased 26 percent from 2002.
- Medicare had the highest average per diem rate for skilled nursing care (\$292); this was a 5 percent increase from the 2002 rate.
- The gap between Medicare and Medicaid per diem rates continues to increase. In 1993, the Medicare average per diem rate was 114 percent higher than the Medicaid rate (not shown); in 2003, the Medicare rate was 144 percent higher than the Medicaid rate. The private pay average per diem rate was 28 percent higher than the Medicaid rate in 1993, and 40 percent higher than the Medicaid rate in 2003.

## Nursing Home Characteristics

**Table 8. Number of Nursing Homes Providing Services to People Not Residing in the Facility, 1998-2003, Wisconsin**

Type of Service	1998	1999	2000	2001	2002	2003
Home Health Care	10	9	7	9	10	12
Supportive Home Care	24	20	25	16	16	14
Personal care	13	12	14	13	13	13
Household services	11	8	11	13	13	11
Day Services	20	25	29	25	22	20
In community setting	4	3	1	2	2	1
In nursing home setting	17	22	28	23	20	19
Respite Care	137	163	158	149	152	146
In patient's home	4	2	4	3	3	4
In nursing home setting	135	163	157	149	152	145
Adult Day Care	85	82	81	77	75	68
In community setting	11	9	12	12	7	8
In nursing home setting	77	75	71	66	68	60
Adult Day Health Care	15	15	11	14	14	11
Congregate Meals	45	49	50	51	48	48
In community setting	32	32	33	37	36	36
In nursing home setting	14	18	18	17	14	15
Home-Delivered Meals	59	61	59	58	56	54
Other Meal Services	43	41	39	34	34	29
Referral Service	35	39	35	35	32	33
Transportation	29	31	26	34	29	28

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Services listed in this table are defined in the Technical Notes (page 47).  
Nursing homes may offer specific services in more than one setting.

- In 2003, 146 nursing homes (36 percent) provided respite care, compared with 32 percent in 1998.
- Seventeen percent of nursing homes provided adult day care services in 2003, compared with 20 percent in 1998.
- Between 7 and 13 percent of facilities in Wisconsin provided meal services to non-residents, including congregate meals, home-delivered meals, or other meal services.

**Table 9. Family Council Meetings by Nursing Home Ownership Category, Wisconsin 2003**

Frequency of Meeting	Ownership Category						All Homes	
	Governmental		Nonprofit		Proprietary			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Family Council	43	73%	103	67%	104	55%	250	62%
Family Council, meets:	16	27	51	33	86	45	153	38
As often as needed	2	3	6	4	14	7	22	5
Less than quarterly	1	2	3	2	7	4	11	3
Once in three months	5	8	19	12	38	20	62	15
Once a month	4	7	18	12	19	10	41	10
Once a week	0	0	2	1	1	1	3	1
Other	4	7	3	2	7	4	14	3
Total	59	100%	154	100%	190	100%	403	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Federal regulations require that, if nursing home residents and their families wish to organize a resident/family group, the facility must allow them to do so without interference, and must provide the group with space, privacy for meetings, and staff support. The purpose of these meetings is to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment and quality of life. This group is referred to as a "Family Council." Percentages may not add to 100 percent due to rounding.

- A majority of nursing homes in each ownership category had no Family Council in 2003.
- Overall, the percent of nursing homes with no Family Council increased from 56 percent in 2001 to 62 percent in 2003.
- Forty-five percent of proprietary facilities had a Family Council in 2003, compared with 33 percent of nonprofit homes and 27 percent of governmental facilities. These percentages represented declines in all ownership categories since 2002.
- Of the 153 facilities with a Family Council, 67 percent met either once a month (41 facilities) or once every three months (62 facilities). Fourteen percent (22 facilities) met "as often as needed." (Percentages are not shown in table.)

## Nursing Home Employees

**Table 10. Nursing Home Employees, Wisconsin 2003**

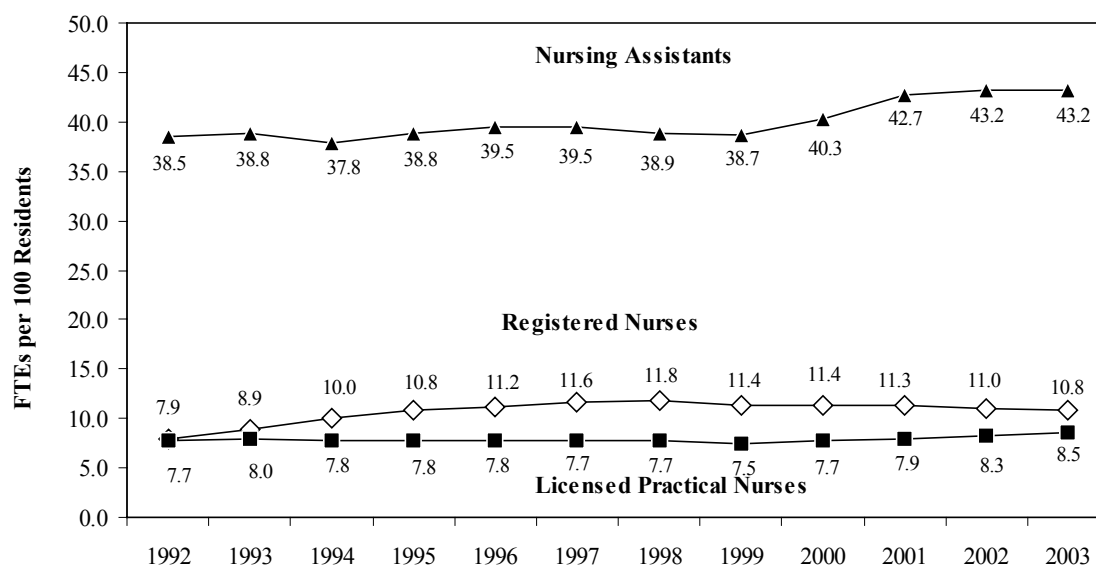
<b>Employee Category</b>	<b>Full-Time Equivalent Employees (FTEs)</b>	<b>FTEs per 100 Residents</b>
<b>Nursing Services</b>		
Registered Nurses	3,897.2	10.8
Licensed Practical Nurses	3,074.9	8.5
Nursing Assistants/Aides	15,563.1	43.2
Certified Medication Aides	460.0	1.3
<b>Therapeutic Services</b>		
Physicians and Psychiatrists	8.5	<0.1
Psychologists	3.2	<0.1
Dentists	1.1	<0.1
Activity Directors and Staff	1,238.2	3.4
Physical Therapists and Assistants	410.3	1.1
Occupational Therapists and Assistants	319.9	0.9
Recreational Therapists	90.3	0.3
Restorative Speech Therapists	61.7	0.2
AODA Counselors	1.2	<0.1
Qualified Mental Retardation Specialists	3.3	<0.1
Qualified Mental Health Professionals	5.1	<0.1
<b>Other Services</b>		
Dietitians and Food Workers	4,502.9	12.5
Social Workers	645.1	1.8
Medical Records Staff	455.0	1.3
Administrators	430.9	1.2
Pharmacists	51.9	0.1
Other Health Prof. and Technical Personnel	743.6	2.1
Other Non-Health-Prof. and Non-Technical Personnel	5,602.8	15.6
<b>Statewide Total</b>	<b>37,575.5</b>	<b>104.4</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The count of employees is made for the first full two-week pay period in December each year.

- The number of full-time equivalent employees (FTEs) per 100 nursing home residents remained stable at 104.4 in 2003.
- From 2002 to 2003, the total number of FTEs in Wisconsin nursing homes decreased 1.7 percent (from 38,239 to 37,576) while the number of nursing home residents on December 31 was down 1.6 percent. The number of admissions increased 3 percent in 2003.
- The number of FTE registered nurses declined 3.5 percent in 2003, while FTE licensed practical nurses increased 1.6 percent.

**Figure 6. Nursing Staff per 100 Nursing Home Residents, Wisconsin 1993-2003**



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The count of employees is made for the first full two-week pay period in December each year.

- The number of FTE nursing assistants per 100 residents remained stable at 43.2 in 2003.
- The number of FTE licensed practical nurses per 100 residents increased from 8.3 to 8.5.
- The number of FTE registered nurses per 100 residents decreased from 11.0 to 10.8.

**Table 11. Nursing Staff Hours (By Shift) per 100 Residents, Skilled Nursing Facilities, Wisconsin, December 1-14, 2003**

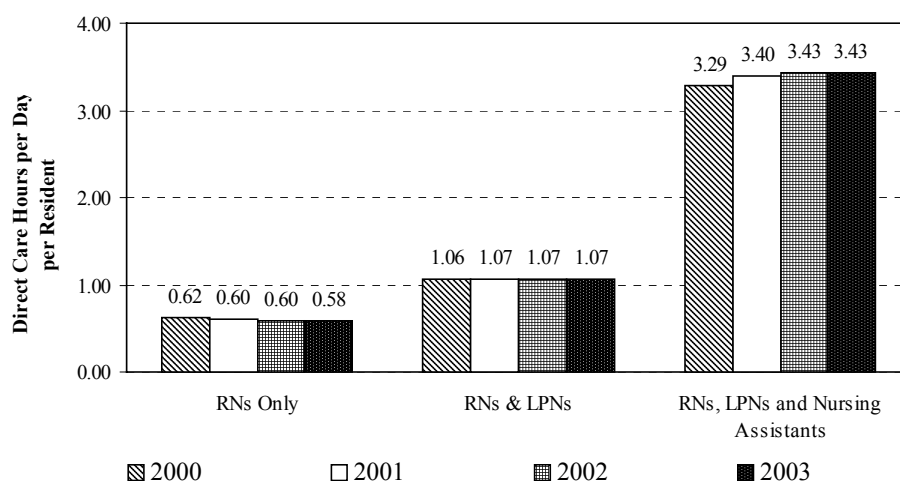
		Direct Care Hours Worked per 100 Residents					
		Registered Nurses			Licensed Practical Nurses		
		Day	Evening	Night	Day	Evening	Night
<b>Week 1</b>	Sunday	22.1	15.6	9.8	19.1	19.1	9.5
	Monday	36.4	16.9	10.1	22.4	19.0	9.2
	Tuesday	36.9	17.4	10.0	21.8	18.0	9.1
	Wednesday	37.1	17.1	9.9	21.9	18.6	9.2
	Thursday	37.4	16.8	9.9	22.3	19.0	9.4
	Friday	34.5	16.4	9.7	22.3	18.9	9.2
	Saturday	21.1	15.3	9.7	20.3	18.0	9.2
<b>Week 2</b>	Sunday	22.1	16.0	9.8	19.7	17.7	9.2
	Monday	37.0	16.9	9.7	21.8	19.0	9.2
	Tuesday	38.1	17.3	9.9	21.1	18.5	9.0
	Wednesday	36.3	16.4	10.1	21.8	19.1	9.0
	Thursday	36.6	16.5	9.8	22.0	18.4	9.1
	Friday	33.6	16.3	10.0	21.4	18.2	8.7
	Saturday	20.6	15.1	9.7	18.9	18.7	9.2
Average per shift		32.1	16.4	9.9	21.2	18.6	9.2
		Nursing Assistants/Aides					
		Day	Evening	Night			
<b>Week 1</b>	Sunday	100.0	84.9	43.0			
	Monday	106.7	85.7	43.2			
	Tuesday	108.6	86.3	43.4			
	Wednesday	109.0	88.1	43.5			
	Thursday	108.4	86.3	43.0			
	Friday	108.1	86.0	42.8			
	Saturday	100.3	85.2	43.3			
<b>Week 2</b>	Sunday	100.2	85.5	42.5			
	Monday	107.0	87.0	42.4			
	Tuesday	107.8	89.8	43.2			
	Wednesday	108.4	87.5	43.0			
	Thursday	108.1	87.0	43.2			
	Friday	105.5	87.8	42.6			
	Saturday	98.8	85.6	42.2			
Average per shift		105.5	86.6	43.0			

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: This table is based on the *total paid direct resident care hours* worked for each category of nursing staff. This table only includes residents at the ISN, SN, ICF-1 and ICF-2 levels of care in skilled nursing facilities. The specific hours included in the day, evening, and night shifts may vary between facilities. The number of residents used in calculating these ratios (35,784) was the resident count in SNFs on December 31, 2003.

- In skilled nursing facilities, the average direct care hours worked by registered nurses decreased for all shifts (day, evening and night), but increased for all shifts by licensed practical nurses.
- Average direct care hours worked by nursing assistants in day shifts decreased from 106.7 hours per 100 residents in 2002 to 105.5 hours per 100 residents in 2003, but increased for both evening and night shifts.

**Figure 7. Nursing Staff Hours per Day per Resident, Skilled Nursing Facilities, Wisconsin, 2000 - 2003**

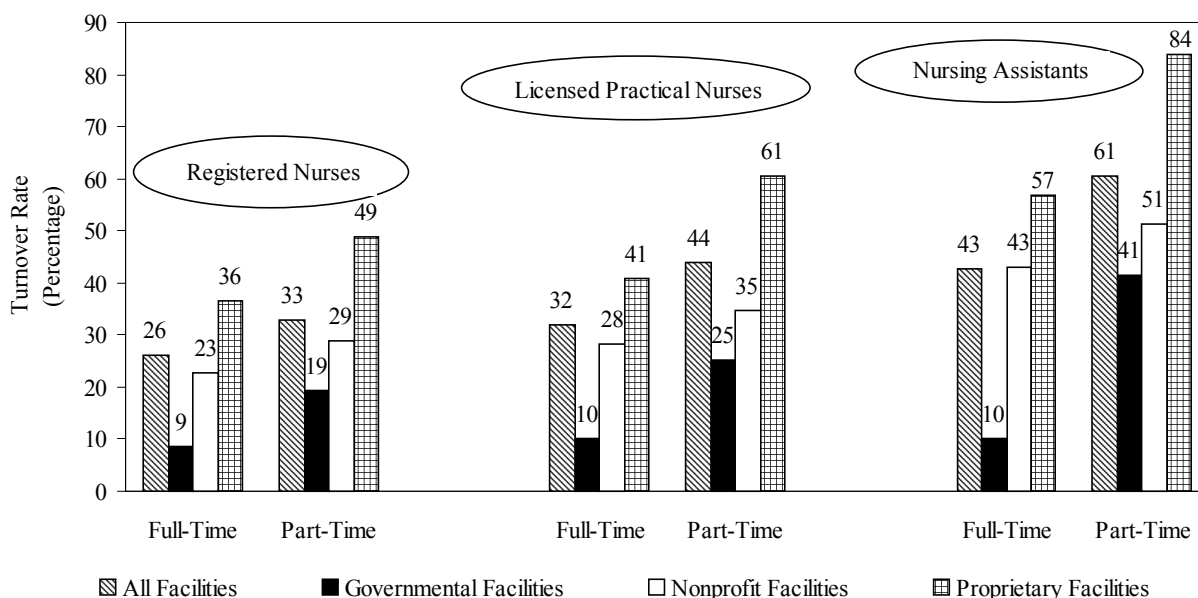


Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: This figure is based on the *total paid direct resident care hours* worked in all shifts during a 24-hour period by each category of nursing staff, and includes only residents at the ISN, SN, ICF-1 and ICF-2 levels of care. The figure summarizes data from Table 11, and comparable data for 2000, 2001, 2002, and 2003.

- No federal regulation specifies the minimum hours of service to be provided by registered nurses, licensed practical nurses, and nursing assistants per day per resident in each nursing home. Wisconsin law (Chapter 50.04(2), Wisconsin Statutes) requires each nursing home to provide at least 2.5 “direct care” hours per day per resident needing skilled nursing care; a minimum of 0.5 hours of this time shall be provided by an RN or LPN.
- In 2003, on average, nursing homes in Wisconsin provided 3.43 hours of direct care per day per resident at the skilled level of care, 37 percent higher than the state minimum requirement. Of the 3.43 hours, more than one hour was provided by either an RN or an LPN, 0.58 hour was RN care only, 0.49 hour was LPN care only and 2.35 hours were NA care only.
- According to a U.S. Government Accountability Office report, the national average staff time per patient day in a skilled nursing facility between May and December 2001 was 0.47 hour for RNs, 0.73 hour for LPNs, and 2.22 hours for NAs. The average direct care staff time per patient day for all types of nursing staff was 3.41 hours (GAO-03-187, Nov.13, 2002).
- Compared to the national average, nursing home staff time per patient day in Wisconsin in 2001 was 29 percent higher for RNs, 34 percent lower for LPNs, 6 percent higher for NAs, and about the same for the average for nursing staff overall.

**Figure 8. Nursing Staff Turnover Rate by Facility Ownership, Wisconsin 2003**

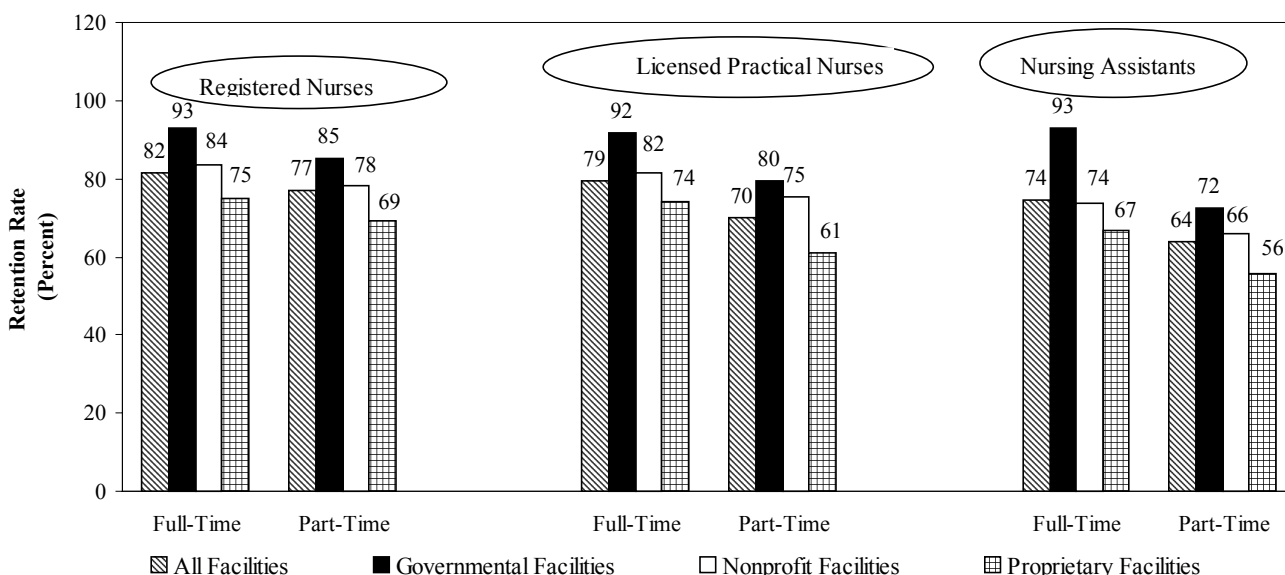


Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

- From 2002 to 2003, turnover rates for nursing assistants (NAs) of all facility ownership types declined. The turnover rate for full-time nursing assistants decreased from 77 percent to 57 percent in proprietary facilities, from 50 percent to 43 percent in nonprofit facilities, and from 14 percent to 10 percent in governmental facilities. The statewide rate declined from 55 percent to 43 percent (it was 72 percent in 2001).
- The turnover rate for part-time NAs dropped from 69 percent to 61 percent statewide, from 55 percent to 41 percent in governmental homes, from 60 percent to 51 percent in nonprofit homes, and from 89 percent to 84 percent in proprietary homes.
- The turnover rate for full-time licensed practical nurses (LPNs) increased in nonprofit homes (from 21 percent to 28 percent), and in governmental homes (from 9 percent to 10 percent). It decreased in proprietary homes (from 47 percent to 41 percent). Statewide, it remained the same at 32 percent. Turnover rates for part-time LPNs all increased slightly in 2003.
- For full-time registered nurses (RNs), the turnover rate dropped from 11 percent to 9 percent for governmental facilities, and from 40 percent to 36 percent for proprietary facilities; it remained the same for nonprofit facilities (at 23 percent). Turnover rates for part-time RNs increased slightly for all types of ownership.
- According to an American Health Care Association survey, the average turnover rate for nursing staff in U.S. nursing homes in 2002 was 49 percent for RNs and LPNs and 71 percent for NAs. (Rates were not reported separately for part-time vs. full-time staff.)

**Figure 9. Nursing Staff Retention Rate by Facility Ownership, 2003**



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The retention rate is the percentage of employees who have worked at a facility for more than one year. This measure provides a sense of the stability of a nursing home's staff.

- In 2003, the percent of full- and part-time nursing assistants (NAs) who had worked at the facility for more than one year increased in all types of facilities. The retention rate increased between 2 and 3 percentage points for full-time NAs, and between 2 and 7 percentage points for part-time NAs.
- The retention rate for full-time registered nurses (RNs) increased in governmental and nonprofit facilities, and remained the same in proprietary facilities. Statewide, 82 percent of RNs had worked at the same facility for more than one year, up from 81 percent in 2002.
- Retention rates for part-time RNs and full- and part-time licensed practical nurses (LPNs) decreased in 2003. The only exception was the rate for full-time LPNs in governmental homes, which remained unchanged at 92 percent.
- Statewide in 2003, 79 percent of full-time LPNs and 70 percent of part-time LPNs had worked at the same facility for more than one year, down 2 percentage points and 3 percentage points, respectively, from 2002.
- Governmental facilities had the highest retention rates, and proprietary homes had the lowest.

## Admissions and Discharges

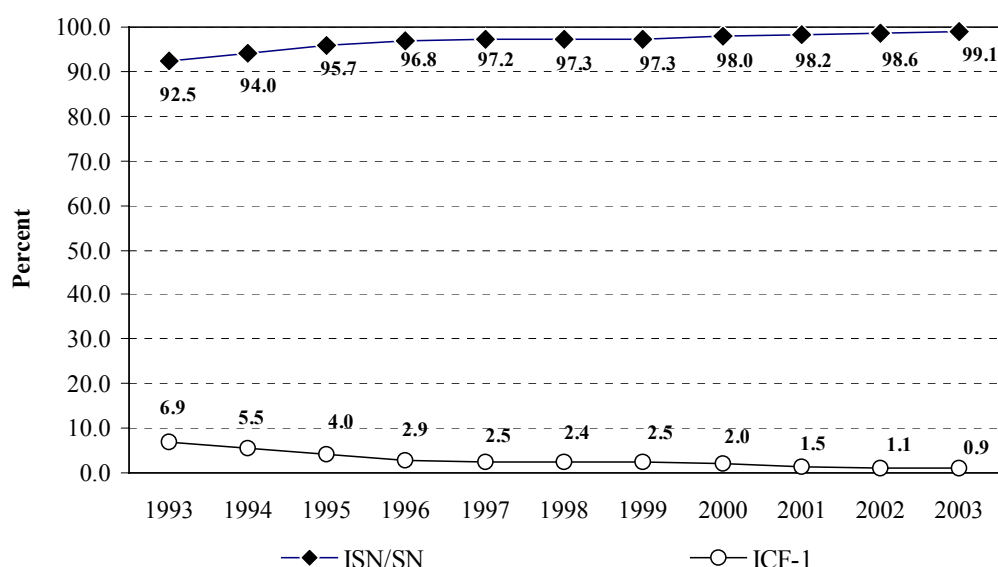
**Table 12. Nursing Home Admissions by Level of Care, Wisconsin 1993-2003**

Year	Level of Care at Admission									Total Admissions
	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	DD	TBI	Ventilator Dependent	
1993	566	27,972	2,120	165	32	6	77	---	---	30,938
1994	590	33,391	1,982	154	26	6	72	---	---	36,221
1995	692	36,771	1,565	79	14	5	18	20	1	39,165
1996	3,801	38,359	1,252	85	12	3	13	24	12	43,561
1997	4,790	42,966	1,248	57	17	0	8	30	26	49,142
1998	3,771	46,096	1,244	82	16	5	9	37	13	51,273
1999	2,999	46,795	1,219	79	21	9	16	34	14	51,186
2000	3,410	46,677	1,003	65	15	11	18	62	13	51,274
2001	2,571	48,243	770	50	12	7	18	62	8	51,741
2002	2,732	48,827	555	58	15	5	13	40	45	52,290
2003	3,185	50,042	466	55	10	10	10	78	46	53,902

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1995.  
See Technical Notes (page 47) for definitions of all level of care categories shown in this table.  
The total excludes admissions for whom primary pay source was not reported.

**Figure 10. Percent of Admissions by Level of Care, Wisconsin 1993-2003**



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: ISN refers to Intense Skilled Nursing Care, SN refers to Skilled Nursing, and ICF-1 refers to Intermediate Care.

- Ninety-nine percent of nursing home residents admitted in 2003 required intense skilled nursing or skilled nursing care, compared with 92.5 percent in 1993.
- One percent of nursing home residents admitted in 2003 required intermediate care, compared with 7 percent in 1993.

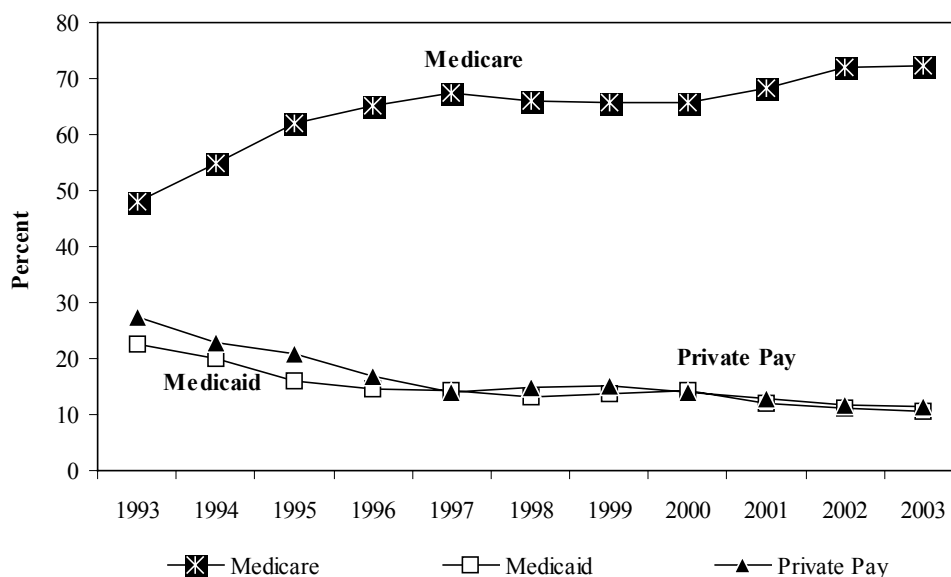
**Table 13. Nursing Home Admissions by Primary Pay Source, Wisconsin 1993-2003**

Year	Primary Pay Source at Admission						Total Admissions
	Medicare	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
1993	14,846	6,973	8,473	---	---	679	30,971
1994	19,863	7,287	8,231	---	---	840	36,221
1995	24,250	6,326	8,148	---	---	479	39,203
1996	28,326	6,296	7,392	---	725	744	43,483
1997	33,115	6,988	6,892	---	1,164	891	49,050
1998	34,214	6,880	7,750	---	1,811	540	51,195
1999	33,601	7,030	7,808	---	2,223	524	51,186
2000	33,552	7,309	7,174	---	2,672	460	51,167
2001	35,282	6,196	6,689	164	2,829	493	51,653
2002	37,616	5,836	6,064	260	2,108	406	52,290
2003	38,949	5,742	6,129	329	2,295	458	53,902

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Managed care plans were not asked about separately until 1996.

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs. The total excludes admissions for whom primary pay source was not reported.

**Figure 11. Percent of Admissions by Primary Pay Source, Wisconsin 1993-2003**


Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Health Care Financing, Department of Health and Family Services.

- Nursing home admissions increased 74 percent between 1993 and 2003 (at an average annual rate of 7 percent).
- Between 2002 and 2003, admissions paid primarily by Medicare increased 4 percent, those paid primarily by Family Care increased 27 percent, and those paid primarily by Medicaid declined 2 percent. (Family Care is a Medicaid-funded benefit in five counties; see p. 47.)
- In 2003, 72 percent of admissions had Medicare as primary pay source, 11 percent had Medicaid, and 11 percent were private pay.

**Table 14. Number of Nursing Home Admissions by Primary Pay Source and Level of Care, Wisconsin 2003**

Level of Care At Admission	Pay Source at Admission						Total Admissions
	Medicare	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Intense Skilled Nursing	2,728	176	64	5	206	6	3,185
Skilled Nursing	36,200	5,252	5,776	307	2,061	446	50,042
Intermediate	N/A	217	240	2	3	4	466
Limited	N/A	11	25	11	8	0	55
Personal	N/A	N/A	10	0	0	0	10
Residential	N/A	N/A	10	0	0	0	10
Traumatic Brain Injury	8	55	1	0	14	0	78
Ventilator-Dependent	13	23	3	2	3	2	46
Developmental Disabilities (DD1A)	N/A	7	0	2	0	0	9
Developmental Disabilities (DD1B)	N/A	0	0	0	0	0	0
Developmental Disabilities (DD2)	N/A	1	0	0	0	0	1
Developmental Disabilities (DD3)	N/A	0	0	0	0	0	0
<b>Total</b>	<b>38,949</b>	<b>5,742</b>	<b>6,129</b>	<b>329</b>	<b>2,295</b>	<b>458</b>	<b>53,902</b>
<b>Percent of Admissions</b>	<b>72%</b>	<b>11%</b>	<b>11%</b>	<b>1%</b>	<b>4%</b>	<b>1%</b>	<b>100%</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: An "N/A" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care. Medicaid does not pay for new admissions at the Personal or Residential levels of care.)

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs. See Technical Notes (page 46) for definitions of all level of care categories shown in this table.

- Among residents admitted in 2003 at the intense skilled nursing level of care, Medicare was the primary pay source for 86 percent, up from 82 percent in 2002 and 76 percent in 2001. Six percent of all admissions were at the intense skilled level of care, up from 5 percent in 2002.
- Medicare was the primary pay source for 72 percent of admissions at the skilled nursing level of care. Ninety-three percent of admissions were at this level of care in 2003, unchanged from 2002.

**Table 15. Number of Nursing Home Admissions by Age and Level of Care, Wisconsin 2003**

Level of Care At Admission	Age at Admission							Total Admissions
	<20	20-54	55-64	65-74	75-84	85-94	95+	
Intense Skilled Nursing	1	173	202	443	1,135	842	99	3,185
Skilled Nursing	21	2,135	2,959	7,597	19,143	16,220	1,924	50,042
Intermediate	0	29	28	51	165	173	19	466
Limited	0	11	3	7	13	17	4	55
Personal	0	0	0	0	1	6	3	10
Residential	0	0	0	2	1	7	0	10
Traumatic Brain Injury	7	69	0	0	1	1	0	78
Ventilator-Dependent	0	4	4	16	14	8	0	46
Developmental Disabilities (DD1A)	0	6	0	0	1	2	0	9
Developmental Disabilities (DD1B)	0	0	0	0	0	0	0	0
Developmental Disabilities (DD2)	0	0	1	0	0	0	0	1
Developmental Disabilities (DD3)	0	0	0	0	0	0	0	0
<b>Total, All Levels</b>	<b>29</b>	<b>2,427</b>	<b>3,197</b>	<b>8,116</b>	<b>20,474</b>	<b>17,276</b>	<b>2,049</b>	<b>53,902</b>
<b>Percent of Admissions</b>	<b>&lt;1%</b>	<b>5%</b>	<b>6%</b>	<b>15%</b>	<b>38%</b>	<b>32%</b>	<b>4%</b>	<b>100%</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percents may not add to 100 due to rounding.

The total includes 334 admissions for which age was not reported.

See Technical Notes (page 46) for definitions of all level of care categories shown in this table.

- Eighty-nine percent of people admitted to Wisconsin nursing homes in 2003 were 65 years of age and older, compared to 90 percent in 2002 and 91 percent in 2001.
- In 2003, 65 percent of admissions at the intense skilled nursing care level and 75 percent of admissions at the skilled nursing care level were aged 75 and over.

**Table 16. Nursing Home Admissions by Care Location Prior to Admission, Wisconsin 2003**

<b>Care Location</b>	<b>Nursing Home Licensure Category</b>				<b>Total Admissions</b>	
	<b>SNFs/ICFs</b>		<b>IMDs</b>		<b>Number</b>	<b>Percent</b>
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>		
Private home/apt. with no home health services	3,920	7%	1	1%	3,921	7%
Private home/apt. with home health services	1,046	2	0	0	1,046	2
Board and care/assisted living/group home	1,470	3	8	7	1,478	3
Nursing home	1,994	4	3	3	1,997	4
Acute care hospital	44,382	83	64	56	44,446	82
Psychiatric hospital, facility for dev. disab.	304	1	22	19	326	1
Rehabilitation hospital	266	<1	1	1	267	<1
Other	406	1	15	13	421	1
<b>Total</b>	<b>53,788</b>	<b>100%</b>	<b>114</b>	<b>100%</b>	<b>53,902</b>	<b>100%</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Eighty-three percent of residents admitted to skilled nursing facilities and intermediate care facilities in 2003 came directly from an acute care hospital, compared to 81 percent the previous year.
- Seven percent were admitted from private homes where they had not been receiving home health services, and 2 percent were admitted from private homes where they had been receiving home health services.
- Four percent were admitted from other nursing homes, down from 3 percent in the previous year.

**Table 17. Discharge Status or Care Destination of Nursing Home Residents Discharged, Wisconsin 2003**

Discharge Status/ Care Destination	Nursing Home Licensure Category					
	SNFs/ICFs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent
Private home/apt. with no home health services	14,550	27%	3	3%	14,553	27%
Private home/apt. with home health services	8,895	16	11	10	8,906	16
Board and care/assisted living/group home	3,691	7	52	45	3,743	7
Nursing home	2,559	5	31	27	2,590	5
Acute care hospital	8,872	16	1	1	8,873	16
Psychiatric hospital, Facility for dev. disab.	157	<1	3	3	160	<1
Rehabilitation hospital	114	<1	0	0	114	<1
Other	649	1	4	3	653	1
Deceased	14,652	27	10	9	14,662	27
<b>Total</b>	<b>54,139</b>	<b>100%</b>	<b>115</b>	<b>100%</b>	<b>54,254</b>	<b>100%</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

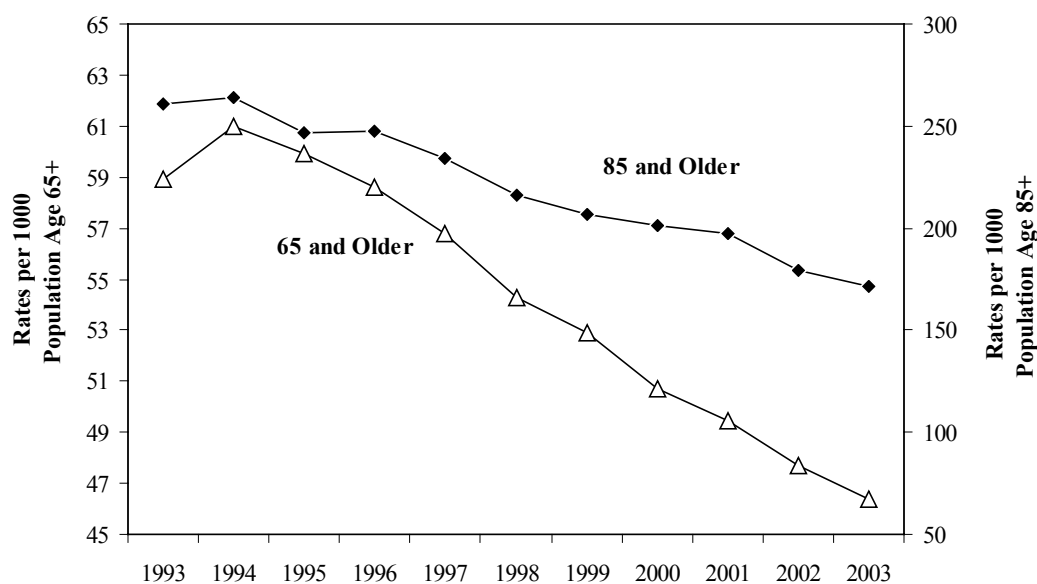
- Among discharges from skilled nursing or intermediate care facilities (SNFs/ICFs) in 2003, 16 percent were to acute care hospitals, up from 15 percent in 2002.
- Deaths represented 27 percent of discharges from nursing homes in 2003, compared with 29 percent in 2002 and 30 percent in 2001.
- The percent of nursing home discharges to private homes with no home health services remained unchanged from 2002 (27 percent). Discharges to private homes with home health services increased 1 percentage point (to 16 percent).
- Overall, 43 percent of nursing home discharges in 2003 were to private homes.

**Table 18. Age-Specific Nursing Home Utilization Rates, Wisconsin 1993-2003**

Year	Age-Specific Rate per 1,000 Population						65+	85+
	55-64	65-74	75-84	85-94	95+			
1993	3.7	13.3	60.0	235.2	535.7		58.9	261.1
1994	3.6	14.2	61.4	237.4	556.3		61.0	263.7
1995	3.7	14.5	63.5	226.5	469.8		59.9	246.6
1996	3.6	13.2	58.6	222.0	540.6		58.6	247.3
1997	3.5	12.8	56.6	210.4	503.4		56.8	234.5
1998	3.4	12.2	53.5	193.9	468.3		54.3	216.4
1999	3.4	12.0	51.7	184.9	449.8		52.9	206.6
2000	3.2	11.1	49.6	179.3	450.1		50.7	201.2
2001	3.2	10.8	46.7	168.5	429.9		49.1	189.5
2002	3.1	10.4	45.5	159.4	435.9		47.7	179.4
2003	3.0	10.1	44.0	152.2	415.8		46.4	171.2

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Age-specific utilization rates are defined as the number of nursing home residents in an age group on December 31 per 1,000 Wisconsin population in that age group.  
The rates per 1,000 population for those age 65 and over and 85 and over are used as general indicators of nursing home usage.

**Figure 12. Nursing Home Utilization Rates Age 65+ and 85+, Wisconsin 1993-2003**


Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Nursing home utilization rates declined for all age groups in 2003. For every 1,000 Wisconsin adults aged 95 and over, 416 were residing in a nursing home in 2003 (down from 436 in 2002).
- Between 1993 and 2003, the nursing home utilization rate declined 21 percent for people aged 65 and over, and 34 percent for people aged 85 and over.

## Nursing Home Residents

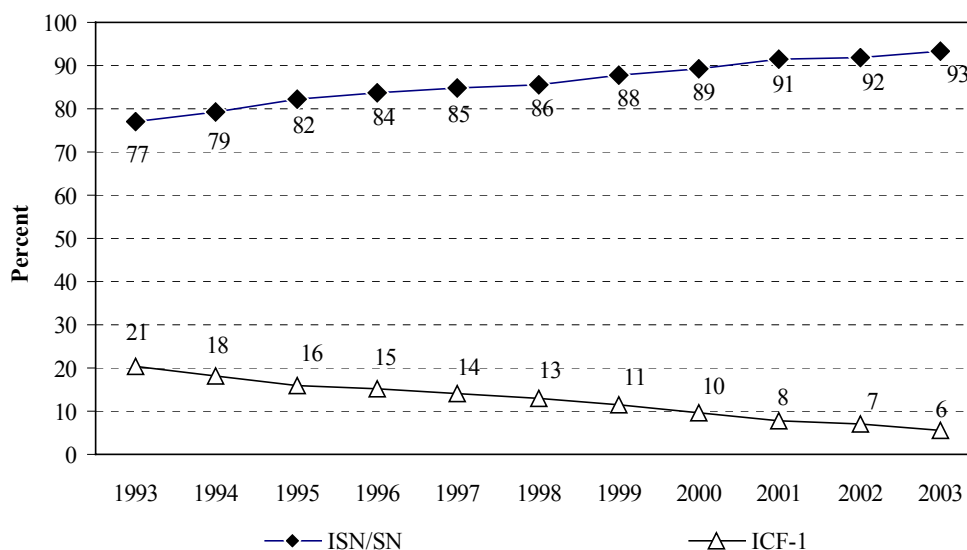
**Table 19. Number of Nursing Home Residents by Level of Care, Wisconsin, December 31, 1993-2003**

Year	Level of Care									Total
	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	DD	TBI	Ventilator-Dependent	
1993	1,166	31,794	8,784	618	125	29	312	---	---	42,828
1994	1,086	34,401	8,125	457	96	112	441	---	---	44,718
1995	1,053	34,897	7,039	359	55	18	298	5	6	43,730
1996	1,622	34,445	6,468	268	47	14	188	11	14	43,077
1997	1,562	34,084	5,881	242	41	11	185	19	17	42,042
1998	1,424	33,379	5,338	225	29	10	190	14	16	40,625
1999	1,346	33,493	4,530	165	21	8	142	3	11	39,719
2000	1,232	33,064	3,740	114	26	10	141	31	23	38,381
2001	1,026	33,243	2,937	88	20	7	134	33	18	37,506
2002	741	32,928	2,597	109	23	5	130	29	25	36,587
2003	825	32,816	2,048	107	24	10	113	32	30	36,005

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1995.

**Figure 13. Percent of Residents by Level of Care, Wisconsin, December 31, 1993-2003**



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- The percent of nursing home residents who were receiving intense skilled nursing or skilled nursing care on the last day of the year increased from 77 percent in 1993 to 93 percent in 2003.
- The percent of residents who were receiving intermediate care (ICF-1) decreased from 21 percent to 6 percent during the same period.
- The percent of residents who were receiving limited care (ICF-2) decreased from 1.4 percent to 0.3 percent.

**Table 20. Number of Nursing Home Residents by Primary Pay Source and Level of Care, Wisconsin, December 31, 2003**

Level of Care	Primary Pay Source on December 31						Total
	Medicare	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Intense Skilled Nursing	313	369	118	9	15	1	825
Skilled Nursing	3,577	20,793	7,441	419	272	314	32,816
Intermediate	N/A	1,642	353	6	2	45	2,048
Limited	N/A	34	36	22	0	15	107
Personal	N/A	0	24	0	0	0	24
Residential	N/A	0	9	1	0	0	10
Traumatic Brain Injury	0	26	3	0	3	0	32
Ventilator-Dependent	2	25	2	0	0	1	30
Developmental Disabilities (DD1A)	N/A	80	0	0	0	0	80
Developmental Disabilities (DD1B)	N/A	20	0	0	0	0	20
Developmental Disabilities (DD2)	N/A	8	0	0	0	0	8
Developmental Disabilities (DD3)	N/A	5	0	0	0	0	5
Total Residents, All Levels	3,892	23,002	7,986	457	292	376	36,005
Percent of All Residents	11%	64%	22%	1%	1%	1%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: An "N/A" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

See Technical Notes (page 47) for definitions of all level of care categories shown in this table.

The row "Percent of All Residents" may not add to 100 percent due to rounding.

- On December 31, 2003, 64 percent of nursing home residents had Medicaid as their primary pay source, down from 65 percent in 2002 and 67 percent in 2001.
- The proportion of residents using Family Care (also funded by Medicaid) as their primary pay source increased to 1.3 percent in 2003 (from 364 to 457 residents). As a payment source for long-term care, the Family Care benefit is available in five counties (see Technical Notes, page 47).
- Eleven percent of residents had Medicare as their primary pay source, up from 10 percent in 2002 and 8 percent in 2001.
- Twenty-two percent of residents were primarily private-pay, the same percentage as in 2002.
- Residents with other primary pay sources increased from 343 to 376 in 2003.

**Table 21. Percent of Nursing Home Residents by Age and Primary Disabling Diagnosis, Wisconsin, December 31, 2003**

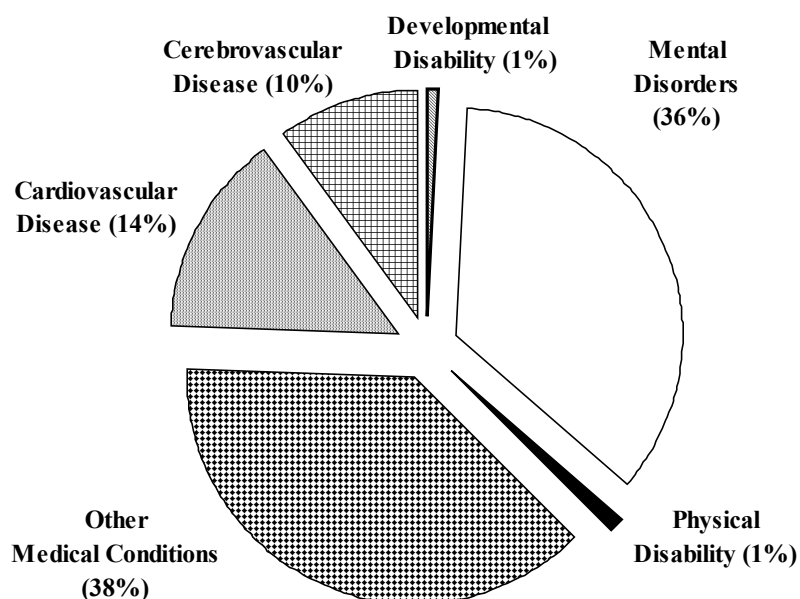
Primary Disabling Diagnosis	Age Group						Total
	<55	55-64	65-74	75-84	85-94	95+	
Mental Retardation	3%	2%	1%	<1%	<1%	0%	<1%
Cerebral Palsy	2	1	1	<1	<1	<1	<1
Epilepsy	<1	<1	<1	<1	<1	0	<1
Autism	0	0	0	0	0	0	0
Multiple Developmental Disabilities	1	0	<1	0	0	0	<1
Other Developmental Disabilities	1	1	<1	<1	<1	0	<1
<b>Subtotal of Developmental Disabilities</b>	<b>8</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>&lt;1</b>	<b>&lt;1</b>	<b>1</b>
Alzheimer's Disease	1	3	9	14	15	12	13
Other Organic/Psychotic	4	8	10	15	19	20	16
Organic/Non-Psychotic	1	2	1	1	1	2	1
Non-Organic/Psychotic	14	13	9	4	2	1	4
Non-Organic/Non-Psychotic	6	2	2	1	1	1	2
Other Mental Disorders	<1	<1	<1	<1	<1	<1	<1
<b>Subtotal of Mental Disorders</b>	<b>25</b>	<b>28</b>	<b>30</b>	<b>35</b>	<b>39</b>	<b>36</b>	<b>36</b>
Paraplegic	2	1	1	<1	<1	<1	<1
Quadriplegic	3	2	1	<1	<1	0	<1
Hemiplegic	1	1	1	1	<1	<1	<1
<b>Subtotal of Physical Disabilities</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>&lt;1</b>	<b>&lt;1</b>	<b>1</b>
Cancer	2	2	2	2	2	2	2
Fractures	2	2	3	4	5	5	4
Cardiovascular Disease	3	7	9	13	17	23	14
Cerebrovascular Disease	8	11	14	11	9	7	10
Diabetes	4	6	6	6	4	2	5
Respiratory Diseases	3	4	7	6	5	4	5
Alcohol & Other Drug Abuse	1	1	<1	<1	<1	<1	<1
Other Medical Conditions	39	30	24	21	19	21	22
<b>Subtotal of Medical Conditions</b>	<b>61</b>	<b>65</b>	<b>66</b>	<b>63</b>	<b>61</b>	<b>64</b>	<b>62</b>
<b>Total Percent</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Number of Residents</b>	<b>1,216</b>	<b>1,604</b>	<b>3,558</b>	<b>11,332</b>	<b>15,087</b>	<b>3,208</b>	<b>36,005</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages are calculated separately for each age group and may not add to 100 percent due to rounding. The total included 17 residents whose diagnosis was not reported.

- Thirteen percent of nursing home residents had a primary diagnosis of Alzheimer's disease in 2003. Among these patients, 57 percent of them were age 85 and older (not shown).
- Thirty-six percent of nursing home residents had a primary diagnosis of mental disorders (including Alzheimer's disease) in 2003. Among them, 54 percent were aged 85 and older (not shown).

**Figure 14. Percent of Nursing Home Residents by Primary Disabling Diagnosis, Wisconsin, December 31, 2003**



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Twenty-four percent of nursing home residents had cardiovascular or cerebrovascular disease as their primary diagnosis in 2003, the same combined percentage as in 2002.
- The number of residents with a primary diagnosis of Alzheimer's disease increased 3 percent in 2003, while the total number of nursing home residents decreased 2 percent. Alzheimer's disease is included in the mental disorders category in Figure 14.
- Only 2 percent of nursing home residents had cancer as their primary disabling diagnosis. These residents were included in the other medical conditions category in Figure 14.

**Table 22. Length of Stay of Nursing Home Residents by Licensure Category, Wisconsin, December 31, 2003**

Length of Stay	Licensure Category					
	SNFs/ICFs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent
Less than 1 year	13,281	37%	81	46%	13,362	37%
1 to 30 days	3,065	9	10	6	3,075	9
31 days to 99 days	3,327	9	30	17	3,357	9
100 days to 180 days	2,542	7	21	12	2,563	7
181 days to 364 days	4,347	12	20	11	4,367	12
1-2 years	6,525	18	19	11	6,544	18
2-3 years	4,780	13	8	4	4,788	13
3-4 years	3,240	9	13	7	3,253	9
4 or more years	8,001	22	57	32	8,058	22
Total	35,827	100%	178	100%	36,005	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

SNFs are skilled nursing facilities; ICFs are intermediate care facilities; IMDs are institutions for mental diseases.

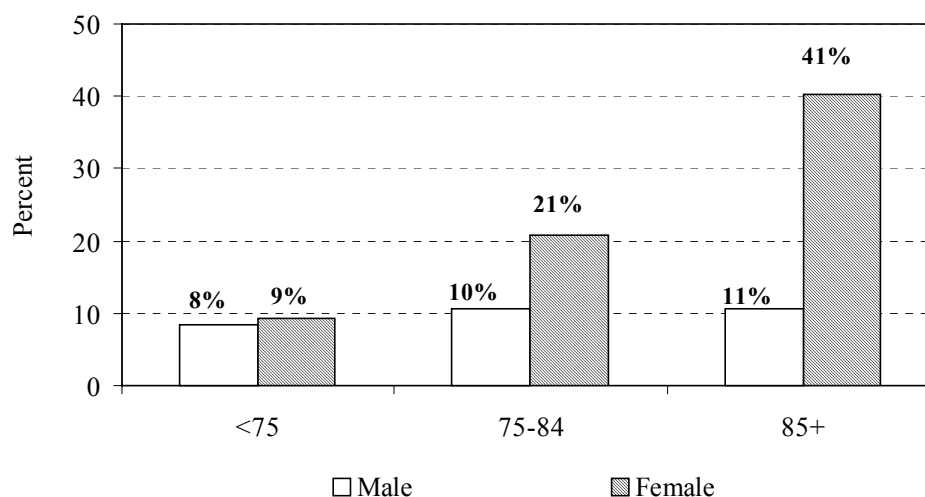
- On December 31, 2003, 37 percent of SNF and ICF residents had been in the nursing home less than one year (compared with 36 percent the previous year). Eighteen percent had been there less than 100 days, compared with 17 percent in 2002 and 16 percent in 2001.
- On that date, 18 percent of SNF and ICF residents had been in the nursing home one to two years, 22 percent had been there two to four years, and 22 percent had been there four or more years.

**Table 23. Age of Nursing Home Residents by Licensure Category, Wisconsin, December 31, 2003**

Age of Resident	Licensure Category					
	SNFs/ICFs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent
Less than 20 years	6	<1%	1	1%	7	<1%
20-54 years	1,096	3	113	64	1,209	3
55-64 years	1,576	4	28	16	1,604	5
65-74 years	3,535	10	23	13	3,558	10
75-84 years	11,323	32	9	5	11,332	32
85-94 years	15,083	42	4	2	15,087	42
95+ years	3,208	9	0	0	3,208	9
All ages	35,827	100%	178	100%	36,005	100%
65+ years	33,149	93	36	20	33,185	92
85+ years	18,291	51%	4	2%	18,295	51%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding. SNFs are skilled nursing facilities; ICFs are intermediate care facilities; IMDs are institutions for mental diseases.

**Figure 15. Nursing Home Residents by Age and Sex, Wisconsin, December 31, 2003**


Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- The largest group of nursing home residents was aged 85-94, accounting for 42 percent of all residents on December 31, 2003.
- Ninety-two percent of nursing home residents were age 65 and older, and 51 percent were 85 and older.
- Among residents age 85 and older, there were close to four times more females than males (41 percent vs. 11 percent).
- Seventy-one percent of all nursing home residents were females and 29 percent were males.
- Nationally, 62 percent of nursing home residents were females and 38 percent were males (see Technical Notes on page 48 for source).

**Table 24. Legal Status of Nursing Home Residents, Wisconsin, December 31, 2003**

	<b>Total Residents</b>	<b>Placed Under Chapter 51</b>	<b>Has Court-Appointed Guardian</b>	<b>Protectively Placed Under Chapter 55</b>	<b>Has Activated Power of Attorney for Health Care</b>
<b>Licensure Category</b>	<b>Number</b>	<b>Number Percent</b>	<b>Number Percent</b>	<b>Number Percent</b>	<b>Number Percent</b>
SNFs/ICFs	35,827	274 1%	6,078 17%	5,431 15%	14,019 39%
IMDs	178	94 53	73 41	114 64	12 7

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percents were based on the total number of residents in each kind of facility on December 31, 2001.

- The Protective Services Act, Chapter 55, Wisconsin Statutes, allows a court to order the protective placement for institutional care of those who are unable to adequately care for themselves due to the infirmities of aging. Such orders are reviewed by the court at least once every 12 months. Sixty-four percent of IMD residents in 2003 (compared with 73 percent in 2002) had been protectively placed under this law. The percent of SNF and ICF residents protectively placed under this law also decreased, from 16 percent in 2002 to 15 percent in 2003.
- An activated power of attorney for health care takes effect when two physicians (or one physician and one licensed psychologist) personally examine a person and sign a statement specifying that the person is unable to receive and evaluate health care information or to effectively manage health care decisions. Thirty-nine percent of SNF/ICF residents were reported to have an activated power of attorney for health care in 2003, up from 38 percent in 2002 and 36 percent in 2001. Seven percent of IMD residents had an activated power of attorney for health care in 2003, compared with 17 percent in 2002.
- The percent of IMD residents who had been placed under Chapter 51 (the Mental Health Act) increased from 36 percent in 2002 to 53 percent in 2003.
- Forty-one percent of IMD residents had a court-appointed guardian in 2003, compared to 21 percent in 2002.

**Table 25. Nursing Home Residents With Medicaid as Primary Pay Source by Eligibility Date and Facility Licensure Category, Wisconsin, December 31, 2003**

Eligibility Date for Medicaid	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
<b>All Nursing Homes</b>						
At time of admission	3,515	54%	7,941	49%	11,456	50%
1-30 days after admission	602	9	1,463	9	2,065	9
31 days–1 year after admission	1,513	23	4,092	25	5,605	24
More than 1 year after admission	676	10	2,272	14	2,948	13
Unknown	255	4	581	4	836	4
Total	6,561	100	16,349	100	23,002	100
<b>Skilled Nursing and Intermediate Care Facilities</b>						
At time of admission	3,498	53	7,930	49	11,428	50
1-30 days after admission	602	9	1,463	9	2,065	9
31 days–1 year after admission	1,513	23	4,092	25	5,605	24
More than 1 year after admission	676	10	2,272	14	2,948	13
Unknown	255	4	581	4	836	4
Total	6,544	100	16,338	100	22,974	100
<b>Institutions for Mental Diseases</b>						
At time of admission	17	100	11	100	28	100
1-30 days after admission	0	0	0	0	0	0
31 days–1 year after admission	0	0	0	0	0	0
More than 1 year after admission	0	0	0	0	0	0
Unknown	0	0	0	0	0	0
Total	17	100%	11	100%	28	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- On December 31, 2003, 50 percent of SNF/ICF residents with Medicaid had been eligible at time of admission, unchanged from 2002.
- Twenty-four percent of SNF/ICF residents with Medicaid became eligible from 31 days to one year after admission, and 13 percent became eligible more than one year after admission.
- Fifty-four percent of male nursing home residents with Medicaid had been eligible at time of admission, compared to 49 percent of female residents with Medicaid.
- All IMD residents with Medicaid were eligible at time of admission, compared to 97 percent in 2002 and 73 percent in 2001.

**Table 26. Number of Nursing Home Residents Who Ever Received Level II Pre-Admission Screening and Resident Review (PASRR) by Licensure Category, Medicaid-Certified Facilities Only, Wisconsin, December 31, 2003**

	Licensure Category	
	SNFs/ICFs	IMDs
Ever Received PASRR Level II Screen	6,399	88
Needed DD services	184	2
Needed MI services	424	88
Total residents on Dec. 31	35,269	103
Number of Facilities	383	2

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The federal Pre-Admission Screening and Resident Review (PASRR) statutes and regulations apply to all individuals who seek admission to a Medicaid-certified nursing facility and all current residents of Medicaid-certified nursing facilities, irrespective of pay source. The purpose of the PASRR process is to ensure that all individuals who have a mental illness or developmental disability (mental retardation)

(1) are placed in a nursing facility only when their needs:

(a) cannot be met in an appropriate community placement; and

(b) do not require the specialized care and treatment of a psychiatric hospital or FDD; and

(2) receive appropriate treatment for their mental illness or developmental disability if their independent functioning is limited due to their disability.

The **Level I screen** consists of six questions that look behind diagnosis and currently prescribed medication to identify individuals with symptoms that may indicate the person has a serious mental illness or developmental disability.

The **Level II screen** is used (1) to determine whether the person meets the criteria in the federal definition of serious mental illness or developmental disability; (2) if so, whether the person needs institutional care, and whether a nursing facility is the most appropriate setting; and (3) whether the person needs specialized services.

- On December 31, 2003, a total of 6,399 SNF/ICF residents were reported to have ever received a PASRR Level II screen. (All residents should receive Level I screens, but no data were collected on them.)
- Of those ever screened at this level, 184 were determined to need special services for developmental disabilities and 424 were determined to need special services for mental illness.
- All IMD residents who received a PASRR Level II screen were determined to need special services for mental illness, and two needed special services for developmental disabilities.

## Nursing Home Residents

**Table 27. Use of Physical Restraints among Nursing Home Residents by Facility Ownership, Wisconsin, December 31, 2003**

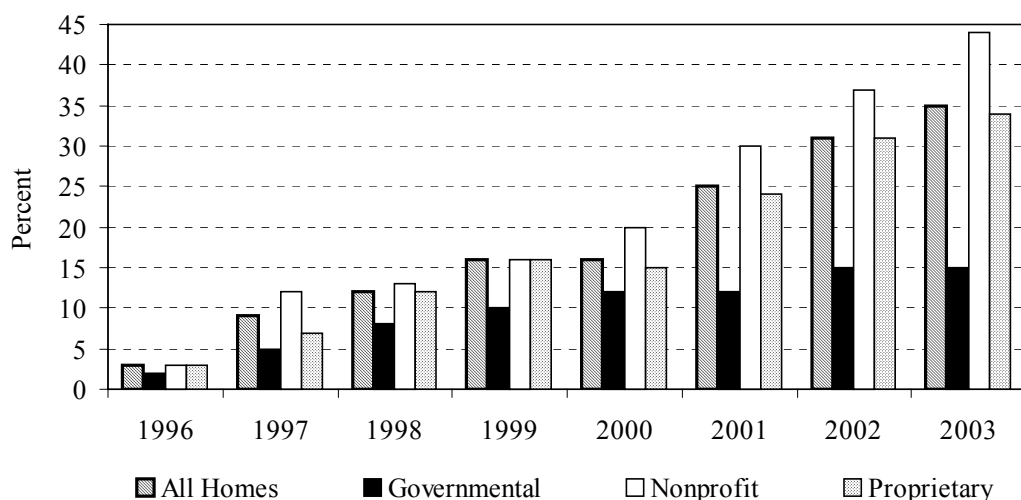
Wisconsin, December 31, 2005

	Ownership Category						All Homes Number Percent	
	Governmental Number Percent		Nonprofit Number Percent		Proprietary Number Percent			
Total Residents	6,918	100%	13,456	100%	15,631	100%	36,005	100%
Physically Restrained	336	5	410	3	523	3	1,269	4
Total Facilities	59	100%	154	100%	190	100%	403	100%
Homes reporting no physically restrained residents	9	15%	67	44%	64	34%	140	35%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: This survey item was changed in 2001. It now simply asks facilities to report the number of residents on December 31 who are “physically restrained.”

**Figure 16. Percent of Nursing Homes with No Physically Restrained Residents, by Facility Ownership, Wisconsin, December 31, 1996 – 2003**



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- On December 31, 2003, 4 percent of all Wisconsin nursing home residents were being physically restrained, compared with 4 percent in 2002, 5 percent in 2001, and 7 percent in 2000.
- The percent of nursing homes which reported having *no* physically restrained residents on December 31 increased from 3 percent in 1996 to 35 percent in 2003.
- In 2003, the proportion of nursing homes with *no* physically restrained residents was highest among nonprofit facilities (44 percent) and lowest among governmental facilities (15 percent).
- The percent of nonprofit nursing homes reporting *no* physically restrained residents increased from 37 percent in 2002 to 44 percent in 2003.

**Table 28. Resident Need for Help with Selected Activities of Daily Living (ADLs) by Age (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 2003**

December 31, 2005

Selected Activities of Daily Living	Age Groups					Total
	<65	65-74	75-84	85-94	95+	
<b>Bed Mobility</b>						
Independent	41%	37%	35%	36%	34%	36%
Needs supervision	4	4	5	5	6	5
Needs limited assistance	13	16	19	20	23	19
Needs extensive assistance	21	28	29	28	27	28
Totally dependent	21	15	12	10	11	12
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,712	3,501	11,084	14,799	3,144	35,240
<b>Transfer</b>						
Independent	31%	26%	24%	23%	20%	24%
Needs supervision	4	5	5	6	6	6
Needs limited assistance	13	17	21	23	24	21
Needs extensive assistance	20	28	31	31	33	30
Totally dependent	31	23	19	16	17	19
Activity did not occur	1	<1	<1	<1	<1	<1
Total Percent	100%	100%	100%	100%	100%	100%
<b>Toilet Use</b>						
Independent	26%	20%	17%	17%	16%	18%
Needs supervision	4	5	5	5	5	5
Needs limited assistance	13	15	18	20	19	18
Needs extensive assistance	21	31	35	36	37	34
Totally dependent	34	28	24	22	23	24
Activity did not occur	2	1	1	<1	<1	1
Total Percent	100%	100%	100%	100%	100%	100%
<b>Eating</b>						
Independent	50%	53%	52%	51%	47%	51%
Needs supervision	16	19	21	23	24	21
Needs limited assistance	6	7	9	10	12	9
Needs extensive assistance	6	8	9	9	11	9
Totally dependent	21	13	10	8	7	10
Activity did not occur	<1	<1	<1	<1	<1	<1
Total Percent	100%	100%	100%	100%	100%	100%

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes (page 45).

Notes: Residents for whom no information was available were excluded.

Bed mobility = How resident moves to and from lying position, turns side to side, and positions body while in bed.

Transfer = How resident moves between surfaces—to/from bed, chair, wheelchair, standing position. Toilet Use =

How resident uses the toilet room (or commode, bedpan or urinal), transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes. Eating = How resident eats and drinks (regardless of skill), including intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition).

- On December 31, 2003, 15 percent of nursing home residents were independent in all four Activities of Daily Living (ADLs), the same percentage as in 2002 (not shown).
- In 2003, 6 percent of residents were totally dependent in all four ADLs (not shown).
- Twenty-nine percent of residents were totally dependent in at least one of the four ADLs in 2003, compared to 28 percent in 2002 and 25 percent in 2001.
- The percent of nursing home residents who were independent in bed mobility decreased from 39 percent in 2002 to 36 percent in 2003.

**Table 29. Selected Characteristics of Nursing Home Residents by Age (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 2003**

Medicaid-Certified Facilities Only), Wisconsin, December 31, 2005						
Selected Characteristics	Age Groups					Total
	<65	65-74	75-84	85-94	95+	
<b>Short-Term Memory</b>						
Adequate	49%	41%	31%	24%	22%	30%
Has problems	51	59	69	76	78	70
Total percent	100%	100%	100%	100%	100%	100%
Total number	2,660	3,499	11,090	14,810	3,146	35,205
“Problems” rate per 1,000 pop.*	0.3	5.9	29.5	113.6	320.0	4.5
<b>Long-Term Memory</b>						
Adequate	63%	59%	53%	49%	47%	52%
Has problems	37	41	47	51	53	48
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,660	3,499	11,089	14,810	3,146	35,204
“Problems” rate per 1,000 pop.*	0.2	4.1	20.2	76.0	217.9	3.1
<b>Cognitive Skills for Daily Decision-Making</b>						
Independent	28	29	24	20	18	22
Modified independence	22	23	23	24	23	23
Moderately impaired	34	34	38	41	43	39
Severely impaired	16	14	16	16	16	16
Total percent	100%	100%	100%	100%	100%	100%
Total number	2,661	3,499	11,101	14,816	3,146	35,223
“Impaired” rate per 1,000 pop.*	0.3	4.8	23.1	84.3	241.2	3.5
<b>Bladder Incontinence</b>						
Continent	54	47	40	37	32	40
Usually continent	5	7	8	9	10	8
Occasionally incontinent	6	8	9	10	10	9
Frequently incontinent	12	18	23	24	26	21
Incontinent all of the time	23	21	21	19	21	20
Total percent	100%	100%	100%	100%	100%	100%
Total number	2,717	3,504	11,110	14,820	3,148	35,299
<b>Bowel Incontinence</b>						
Continent	54	57	59	57	59	57
Usually continent	6	9	10	10	10	10
Occasionally incontinent	5	6	8	8	8	7
Frequently incontinent	7	9	10	10	10	10
Incontinent all of the time	27	19	13	16	13	16
Total percent	100%	100%	100%	100%	100%	100%
Total number	2,717	3,505	11,110	14,821	3,148	35,301

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes (page 45).

Notes: Residents for whom no information was available were excluded.

\*Rates were calculated using estimated age-specific population in Wisconsin. See Technical Notes (page 48) for the definition of these rates.

- On December 31, 2003, 22 percent of nursing home residents were “independent” in their cognitive skills for daily decision-making. Conversely, more than half (55 percent) of nursing home residents had moderately or severely impaired cognitive skills.
- Over three-quarters (76 percent) of residents aged 85 and over had a problem with short-term memory, and more than half (51 percent) had a problem with long-term memory.
- Thirty-four percent of residents were continent of both bladder and bowel in 2003, a proportion that has remained stable since 2001 (not shown).
- In 2003, 41 percent of residents had bladder incontinence frequently or all of the time, down 2 percentage points from the previous year.

**Table 30. Height and Weight of Nursing Home Residents by Sex and Age (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 2003**

Sex/Age	Mean (in inches)	Standard Deviation	Number of Residents	Range (in inches)
<b>Height</b>				
<b>Males</b>				
<65 years	68.9	3.8	1,357	50-78
65-74 years	68.6	3.8	1,588	46-78
75-84 years	68.3	3.4	3,726	43-78
85-94 years	67.8	3.4	3,266	44-78
95+years	67.1	3.4	393	57-75
All ages	68.3	3.5	10,330	43-78
<b>Females</b>				
<65 years	63.8	3.6	1,347	44-75
65-74 years	63.5	3.1	1,906	42-75
75-84 years	62.8	3.0	7,350	42-76
85-94 years	62.2	3.0	11,508	42-78
95+years	61.7	3.0	2,743	48-72
All ages	62.5	3.1	24,854	42-78
Sex/Age	Mean (in pounds)	Standard Deviation	Number of Residents	Range (in pounds)
<b>Weight</b>				
<b>Males</b>				
<65 years	185.9	47.6	1,352	52-375
65-74 years	183.7	42.0	1,587	105-368
75-84 years	175.6	36.2	3,729	72-366
85-94 years	166.5	30.7	3,266	106-302
95+years	155.3	25.8	393	71-239
All ages	174.6	37.8	10,327	52-375
<b>Females</b>				
<65 years	174.0	54.2	1,330	51-366
65-74 years	167.1	47.5	1,900	63-371
75-84 years	151.7	38.3	7,352	66-375
85-94 years	138.2	30.8	11,518	58-306
95+years	127.7	26.6	2,746	65-261
All ages	145.2	37.8	24,846	51-375

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes (page 47).

Notes: For purposes of the MDS assessment, the staff member was instructed to measure the resident's weight consistently in accord with standard facility practice (for example, in a.m., after voiding, before meal, with shoes off and in night dress).  
Reported values of height below 42 inches and above 78 inches, and weight below 50 pounds and above 375 pounds, were deemed to be reporting errors and excluded from this analysis. Residents without information on sex or age were also excluded.

- “Standard deviation” is a statistical measure of the spread of scores around the mean (average) score. A decline with increasing age in the standard deviation for weight and height indicates that weight and height become less variable at older ages.
- The average weight was 27 percent less for female residents aged 95 and older than for females under age 65. The average weight for male residents aged 95 and older was 16 percent less than for males under age 65.
- Both average height and average weight declined with age.



## Technical Notes

### MDS 2.0 Data (Tables 28, 29, and 30)

Detailed resident-based data were submitted by 402 Medicare- and Medicaid-certified skilled nursing facilities, intermediate care facilities and institutions for mental diseases. (There were 403 SNFs/ICFs/IMDs in the 2003 Annual Nursing Home Survey). Three nursing homes were included in MDS data but not in the 2003 Annual Survey of Nursing Homes because they were either closed or going to close as of December 31, 2003. Four nursing homes did not report MDS data because they accepted only private-pay patients. These detailed data were derived from the federally mandated Minimum Data Set, Version 2 (MDS 2.0), which is used by nursing homes to regularly assess each resident's health care needs and status. MDS 2.0 includes information on medical conditions and resident history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being.

In each facility, the Minimum Data Set count of nursing home residents as of the end of 2003 was calculated by using the number of residents assessed in 2003 (using the latest full assessment only), subtracting the facility's number of residents reported as discharged from MDS *discharge* assessments, and then adding the facility's number of residents reported as readmitted from MDS *readmission* assessments during the year. For some facilities, the MDS end-of-year count derived by this method differed from the count of residents on December 31, 2003, which was reported by each facility as an aggregate number of residents on that date.

These discrepancies were chiefly the result of under-reporting discharges and/or readmissions. (Some facilities did not fill in a discharge or readmission tracking form when they discharged or readmitted a patient.) To adjust the overall MDS data set for these discrepancies, each facility's MDS data were examined. When a facility's data showed at least 6 more residents in the MDS count than in the December 31 aggregate survey count, that facility was contacted for feedback on the reasons for the difference.

For those facilities where the MDS count was at least 6 residents higher than the December 31 count from the Annual Survey of Nursing Homes, the names of residents who were in the facility on December 31 were obtained and compared with the facility's MDS listing of residents. If a name was on the MDS list but not on the December 31 list, that name was deleted from the MDS analysis data set.

In facilities where the MDS count was higher than the December 31 count by fewer than 6 residents, or where the MDS count was lower than the December 31 count, no adjustments to the data set were made.

After the MDS data set was adjusted, the overall effect of under-reporting discharges and re-admissions was negligible. The final figure for the total number of SNF residents on December 31, 2003, based on the MDS data set, was 35,301, compared to the 35,595 SNF residents (excluding 4 homes which did not report MDS data because they accepted only private-pay patients) counted on December 31 for the Annual Survey of Nursing Homes.

### Definitions for Levels of Care (Tables 7, 12, 14, 15, 19, 20)

**ISN - Intense Skilled Nursing:** Care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

**SN - Skilled Nursing:** Continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

**ICF-1, Intermediate Care:** Professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illnesses or disabilities. A registered nurse shall be responsible for nursing administration and direction.

**ICF-2, Limited Care:** Simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by, or under the supervision of, a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

**ICF-3, Personal Care:** Personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

**ICF-4, Residential Care:** Care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

**DD1A Care Level:** Residents with developmental disabilities who require active treatment and whose health status is fragile, unstable or relatively unstable.

**DD1B Care Level:** Residents with developmental disabilities who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare.

**DD2 Care Level:** Adults with moderate developmental disabilities who require active treatment with an emphasis on skills training.

**DD3 Care Level:** Adults with mild developmental disabilities who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

**Traumatic Brain Injury (TBI):** A resident between 15 and 64 years old who has incurred a recent closed or open head injury. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for continued stay in the designated traumatic brain injury program.

**Ventilator-Dependent:** A resident who is dependent on a ventilator for six or more hours per day for his or her respiratory condition. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for payment of the special rate for ventilator dependency.

### Family Care (Tables 7, 13, 14, 20)

Family Care is a program being piloted in nine Wisconsin counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Kenosha, Marathon, Trempealeau, and Jackson. The programs in four of these nine counties (Kenosha, Marathon, Trempealeau, and Jackson) have resource centers only, and do not reimburse for nursing home care. Family Care serves people with physical disabilities, people with developmental disabilities, and frail elders, with the goals of:

- Giving people better choices about where they live and what kinds of services and support they get to meet their needs.
- Improving access to services.
- Improving quality through a focus on health and social outcomes.
- Creating a cost-effective long-term care system for the future.

Family Care has two major organizational components:

1. Aging and disability resource centers, designed to be a “one-stop shop” where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities.
2. Care management organizations (CMOs), which manage and deliver the Medicaid-funded Family Care benefit. The Family Care benefit combines funding and services from a variety of existing programs into one flexible long-term care benefit tailored to each individual’s needs, circumstances, and preferences. CMOs offer the Family Care benefit package in five counties: Fond du Lac (opened in February 2000), La Crosse and Portage (April 2000), Milwaukee (July 2000, serving the elderly population only), and Richland (January 2001).

For details of the services provided by Family Care, please visit:

<http://dhfs.wisconsin.gov/LTCare/Generalinfo/WhatisFC.htm>

### Definitions of Services to Non-Residents (Table 8)

(Definitions provided by staff in the Wisconsin Division of Disability and Elder Services, Bureau of Aging and Long-Term Care Resources)

**Home Health Care:** Health care services to individuals in their own homes, on a physician’s orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.

**Supportive Home Care:** Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.

**Day Services:** Services in day centers to persons with social, behavioural, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.

**Respite Care:** Services which facilitate or make possible the care of dependants, thereby relieving the usual caregiver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular caregiver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular caregiver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular caregivers.

**Adult Day (Health) Care:** Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Services include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.

**Congregate Meals:** Meals provided to persons in supportive service settings to promote adequate nutrition and socialization. Nutrition education is an integral but subordinate part of this program.

**Home-Delivered Meals:** In-home meals provided to persons at risk for inadequate nutrition.

**Referral Service:** Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.

**Transportation:** Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included is the provision of material benefits such as tickets (or cash for their purchase), as well as specially equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.

### **Rates of Memory and Cognitive Problems (Table 29)**

**Rate of Problems with Short-Term Memory:** The number of nursing home residents who have problems with short-term memory per 1,000 age-specific population.

**Rate of Problems with Long-Term Memory:** The number of nursing home residents who have problems with long-term memory per 1,000 age-specific population.

**Rate of Impaired Cognitive Skills:** The number of nursing home residents who are moderately or severely impaired in their cognitive skills for daily decision-making per 1,000 age-specific population.

### National Data

**Percent Occupancy:** American Health Care Association, Health Services Research and Evaluation analysis of data from the Centers for Medicare and Medicaid Services, Online Survey, Certification and Reporting (OSCAR) Form 671 (items L18, L37, L38, L39) and Form 672 (item F78). Accessed online July 2004 at [http://www.ahca.org/research/oscar/rpt\\_occupancy\\_200312/pdf](http://www.ahca.org/research/oscar/rpt_occupancy_200312/pdf). Each state's occupancy was calculated by dividing the sum of all nursing home facility patients in the state occupying certified beds by the sum of all the certified beds in the state reported at the time of the current standard survey. OSCAR data only reflects patients who occupy a certified bed. Observations with occupancy less than 0% and greater than 100% were eliminated from this analysis.

**Per Diem Rates:** Jones A. National Nursing Home Survey: 1999 Summary. National Center for Health Statistics. Vital Health Stat. 13(152). 2002.

**Nursing Staff Turnover:** Results of the 2002 American Health Care Association Survey of Nursing Staff Vacancy and Turnover in Nursing Homes, AHCA Health Services Research and Evaluation ii, February 12, 2003.  
[http://www.ahca.org/research/rpt\\_vts2002\\_final.pdf](http://www.ahca.org/research/rpt_vts2002_final.pdf)

## 2003 ANNUAL SURVEY OF NURSING HOMES

If Medicaid-certified, the completed Annual Survey of Nursing Homes is due to the Department by February 1 of each year, unless the Department allows a maximum 28-day extension. The Department shall establish and implement policies to withhold payment to a provider, or decrease or freeze payment rates, if a provider does not submit annual survey forms and respond to the Department by the due date. See page 16 for detailed information.

**Correct information on the label below if it is inaccurate or incomplete.**

FOR OFFICE USE ONLY	
CERTIFICATION	<input type="checkbox"/>
HIGHEST LEVEL	<input type="checkbox"/>
BATCH	<input type="checkbox"/>
BATCHCOR	<input type="checkbox"/>

Geographic location of facility (may differ from post office name in mailing address).

(CHECK ONE)

- ☐ 1. City Name of city, village or town \_\_\_\_\_
- ☐ 2. Village What county is nursing home located in? \_\_\_\_\_
- ☐ 3. Town

NUMBER OF RESIDENTS  
IN THE FACILITY ON  
DECEMBER 31, 2003  
\_\_\_\_\_

**Return the *PINK COPY* of the survey no later than February 1, 2004, to**

Bureau of Health Information  
Division of Health Care Financing  
ATTN: Jane Conner, Rm. 672  
P. O. Box 309  
Madison, Wisconsin 53701-0309

REPORT ALL DATA FOR A 12-MONTH PERIOD (365 DAYS), JANUARY 1, 2003 THROUGH DECEMBER 31, 2003

Refer to Instructions and Definitions accompanying this form.

### A. FACILITY INFORMATION

1. Was this facility in operation for the entire calendar year of 2003? ☐ 1. Yes ☐ 2. No

If no, and operation dates began after January 1, 2003, or ended before December 31, 2003, list those dates of operation below.

#### Beginning Date

Month  Day '03

#### Ending Date

Month  Day '03

#### Days of Operation

2. CONTROL: Indicate the type of organization that controls the facility and establishes its overall operating policy.

(CHECK ONE)

#### Governmental

- ☐ 10. City
- ☐ 11. County
- ☐ 12. State
- ☐ 13. Federal
- ☐ 14. City/County
- ☐ 15. Tribal Government

#### Non-governmental/Not-For-Profit

- ☐ 20. Nonprofit Corporation
- ☐ 21. Nonprofit Church
- ☐ 22. Nonprofit Association
- ☐ 23. Nonprofit Church/Corporation
- ☐ 24. Nonprofit Limited Liability Company
- ☐ 25. Nonprofit Trust
- ☐ 26. Private Nonprofit

#### Investor-Owned/For Profit

- ☐ 30. Individual
- ☐ 31. Partnership
- ☐ 32. Corporation
- ☐ 33. Limited Liability Company
- ☐ 34. Limited Liability Partnership
- ☐ 35. Trust

3. Has the controlling organization through a contract, placed responsibility for the daily administration of the nursing facility with another organization? ..... ☐ 1. Yes ☐ 2. No

If yes, indicate below the classification code of the contracted organization (for example, 32 for an investor-owned, for-profit corporation, see page 1, item A.2.). (code)

4. Is the facility operated in conjunction with a hospital (e.g., owned, leased or sponsored)? ..... ☐ 1. Yes ☐ 2. No

5. Is the facility operated in conjunction with a community-based residential facility (CBRF)? ..... ☐ 1. Yes ☐ 2. No

6. Is the facility operated in conjunction with a residential care apartment complex (RCAC)? ..... ☐ 1. Yes ☐ 2. No

7. Is the facility operated in conjunction with housing for the elderly, or similar organization? ..... ☐ 1. Yes ☐ 2. No

8. Is the facility operated in conjunction with a home health agency? ..... ☐ 1. Yes ☐ 2. No

9. Is the facility certified as a Medicaid facility (Title 19)? ..... ☐ 1. Yes ☐ 2. No

10. Is all or part of the facility certified for Medicare (Title 18)? ..... ☐ 1. Yes ☐ 2. No

If yes, indicate the number of Medicare-certified beds ..... \_\_\_\_\_

11. Is the facility accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing long term care? ..... ☐ 1. Yes ☐ 2. No

12. Does the facility have a contract with a HMO for providing services? ..... ☐ 1. Yes ☐ 2. No

13. Does the facility have a locked unit? ..... ☐ 1. Yes ☐ 2. No

If yes, how many beds? ..... \_\_\_\_\_

14. Does the facility utilize formal wandering precautions, e.g., Wanderguard Systems/bracelets? .. ☐ 1. Yes ☐ 2. No

If yes, how many of the residents in the facility on December 31, 2003, were monitored? ..... \_\_\_\_\_

B. SERVICES

1. Does the facility offer services to **non-residents**? ..... ☐ 1. Yes ☐ 2. No

If yes, check which services the facility provides to non-residents (see definitions).

- |  |   |
|--|---|
| <input type="checkbox"/> a. Home Health Care (Licensed home health, HFS 133) | <input type="checkbox"/> f. Adult Day Health Care                             |
| <input type="checkbox"/> b. Supportive Home Care                             | <input type="checkbox"/> g. Congregate Meals                                  |
| <input type="checkbox"/> 1. Personal Care                                    | <input type="checkbox"/> 1. In community setting                              |
| <input type="checkbox"/> 2. Household Services                               | <input type="checkbox"/> 2. In nursing home setting                           |
| <input type="checkbox"/> c. Day Services                                     | <input type="checkbox"/> h. Home Delivered Meals                              |
| <input type="checkbox"/> 1. In community setting                             | <input type="checkbox"/> i. Referral Services                                 |
| <input type="checkbox"/> 2. In nursing home setting                          | <input type="checkbox"/> j. Other meals (Includes Jail, Adult Day Care, etc.) |
| <input type="checkbox"/> d. Respite Care                                     | <input type="checkbox"/> k. Transportation                                    |
| <input type="checkbox"/> 1. In home setting                                  | <input type="checkbox"/> l. Other ( <i>specify</i> ) _____                    |
| <input type="checkbox"/> 2. In nursing home setting                          |   |
| <input type="checkbox"/> e. Adult Day Care                                   |   |
| <input type="checkbox"/> 1. In community setting                             |   |
| <input type="checkbox"/> 2. In nursing home setting                          |   |

2. Does the facility plan to add other services to **non-residents** in the future? ..... ☐ 1. Yes ☐ 2. No

If yes, specify service(s) to be provided. \_\_\_\_\_

3. Does the facility currently use a unit-dose drug delivery system? ..... ☐ 1. Yes ☐ 2. No

4. Does the facility have an in-house pharmacy? ..... ☐ 1. Yes ☐ 2. No

5. Does the facility have a policy to allow self-administration of medications by residents? ..... ☐ 1. Yes ☐ 2. No

6. Does the facility currently have residents who are self-administering medications? ..... ☐ 1. Yes ☐ 2. No

7. Does the facility offer hospice services to residents? ..... ☐ 1. Yes ☐ 2. No

If yes, how many residents were in a hospice program under contract with an approved hospice provider on 12/31/03? .....

8. Does the facility offer hospice services to **non-residents**? ..... ☐ 1. Yes ☐ 2. No

If yes, how many **non-residents** were in a hospice program under contract with an approved hospice provider on 12/31/03? .....

9. Does the facility offer specialized Alzheimer's support group services to **non-residents**? ..... ☐ 1. Yes ☐ 2. No

10. Does the facility have a specialized unit dedicated to care for residents with Alzheimer's? ..... ☐ 1. Yes ☐ 2. No

- a. If yes, is the unit locked? (*Leave blank if no unit.*) ..... ☐ 1. Yes ☐ 2. No

- b. Number of beds in unit? .....

11. Does the facility utilize day programming for mentally ill residents? ..... ☐ 1. Yes ☐ 2. No

If yes, indicate the specific program

(check all that apply)

- ☐ a. In-house
- ☐ b. Referral to sheltered work
- ☐ c. Community-based supported work
- ☐ d. Facility-based day service
- ☐ e. Referral to community-based day service
- ☐ f. Other (specify) \_\_\_\_\_

12. Does the facility utilize day programming for developmentally disabled residents? ..... ☐ 1. Yes ☐ 2. No

If yes, indicate the specific program

(check all that apply)

- ☐ a. In-house
- ☐ b. Referral to sheltered work
- ☐ c. Community-based supported work
- ☐ d. Facility-based day service
- ☐ e. Referral to community-based day service
- ☐ f. Other (specify) \_\_\_\_\_

C. UTILIZATION INFORMATION

1. Number of beds set up and staffed at end of reporting period (ending December 31, 2003) ..... \_\_\_\_\_

2. **TOTAL** licensed bed capacity (as of December 31, 2003) ..... \_\_\_\_\_

3. If the numbers reported in C.1. and C.2. are different, indicate by checking the box(es) below, the reason(s) for this difference and the number of beds affected.

☐ a. Semi-private rooms converted to private rooms.  
Number of beds \_\_\_\_\_

☐ b. Rooms converted for administrative purposes.  
Number of beds \_\_\_\_\_

☐ c. Beds out-of-service due to renovation  
or remodeling (Not HFS 132 related).  
Number of beds \_\_\_\_\_

☐ d. Rooms converted for resident  
program (treatment) purposes.  
Number of beds \_\_\_\_\_

☐ e. Beds temporarily not meeting HFS 132 code.  
Number of beds \_\_\_\_\_

☐ f. Banked beds.  
Number of beds \_\_\_\_\_

☐ g. Other (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of beds \_\_\_\_\_

4. Does the facility anticipate any bed reduction in the forthcoming year? ..... ☐ 1. Yes ☐ 2. No

If yes, by how many beds? ..... \_\_\_\_\_

**D. RESIDENT INFORMATION**

**1. Level of Care and Method of Reimbursement on DECEMBER 31, 2003**

Place the per diem rate in the appropriate boxes. If per diem rates vary in any category (for example, private room vs. semi-private room), **report an average** per diem rate. For **Medicare**, an "average rate" needs to be provided based on the PPS rates in effect for the Medicare residents in the facility on 12/31/03.

**IF APPLICABLE, PROVIDE PER DIEM RATES IN ALL CATEGORIES.**

**DO NOT WRITE IN SHADED AREA**

LEVEL OF CARE	METHOD OF REIMBURSEMENT					
	Medicare (Title 18) Per Diem Rate	Medicaid (Title 19) Per Diem Rate	Other Government * Per Diem Rate	Private Pay Per Diem Rate	Family Care Per Diem Rate	Managed Care Per Diem Rate
<b>ISN</b> Intensive Skilled Care	\$	\$	\$	\$	\$	\$
<b>SNF</b> Skilled Care	\$	\$	\$	\$	\$	\$
<b>ICF-1</b> Intermediate Care		\$	\$	\$	\$	\$
<b>ICF-2</b> Limited Care		\$	\$	\$	\$	\$
<b>ICF-3</b> Personal Care		\$	\$	\$	\$	\$
<b>ICF-4</b> Residential Care		\$	\$	\$	\$	\$
<b>DD1A</b> Developmental Disabilities		\$	\$	\$	\$	\$
<b>DD1B</b> Developmental Disabilities		\$	\$	\$	\$	\$
<b>DD2</b> Developmental Disabilities		\$	\$	\$	\$	\$
<b>DD3</b> Developmental Disabilities		\$	\$	\$	\$	\$
<b>TBI</b> Traumatic Brain Injury	\$	\$	\$	\$	\$	\$
<b>Ventilator Dependent</b> (See Definition)	\$	\$	\$	\$	\$	\$

\* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

**2. Inpatient Days by Age**

- Number of inpatient days of service rendered to all residents UNDER AGE 65 in the facility during the reporting period .....
- Number of inpatient days of service rendered to all residents AGE 65 AND OVER in the facility during the reporting period .....
- TOTAL** inpatient days of service rendered (include all paid days), to ALL residents in the facility during the reporting period (January 1, 2003, to December 31, 2003), **(2a + 2b = 2c)** .....
- Average Daily Census (total inpatient days, *line c*, divided by the days of operation, 365 days, or as reported on page 1, item A.1.) .....

(Round to the nearest whole number, e.g., 34.0 - 34.4 = 34, 34.5 - 34.9 = 35)

**E. PERSONNEL**

1. Number of personnel employed by the facility. Enter all personnel on the payroll **and** consultant and/or contracted staff providing service for the **FIRST FULL TWO-WEEK PAY PERIOD IN DECEMBER**. Each person should be counted only once, in a respective work category. **INCLUDE IN-HOUSE POOL STAFF.** Note any special circumstances at the bottom of the page. If the facility is hospital-based, or operates with a community-based residential facility, include only those personnel (full-time, part-time and part-time hours) providing services to the residents of the nursing facility.

*Note: Part-time hours recorded **MUST** reflect the total number of part-time hours worked by all part-time personnel in the category for those two weeks. For example, if 2 physical therapists each worked 10 hours, there would be 20 part-time hours. DO NOT include "contract staff" hours in the part-time hours column.*

**ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR. DO NOT USE DECIMALS.**

EMPLOYEE CATEGORY	Full-time Persons	Part-time Persons		Consultant and/or Contracted Staff (No. of Persons)
		Personnel	Hours	
1. Administrator				
2. Assistant Administrators				
3. Physicians (except Psychiatrists)				
4. Psychiatrists				
5. Dentists				
6. Pharmacists				
7. Psychologists				
8. Registered Nurses				
9. Licensed Practical Nurses				
10. Nursing Assistants/Aides				
11. Certified Medication Aides				
12. Activity Directors and Staff				
13. Registered Physical Therapists				
14. Physical Therapy Assistants/Aides				
15. Registered Occupational Therapists				
16. Occupational Therapy Assistants/Aides				
17. Recreational Therapists				
18. Restorative Speech Personnel Staff				
19. Certified Alcohol and Other Drug Abuse (AODA) Counselor(s)				
20. Qualified Mental Retardation Professional (QMRP) Staff				
21. Qualified Mental Health Professional Staff				
22. Dietitians and Dietetic Technicians				
23. Other Food Service Personnel Staff				
24. Medical Social Workers				
25. Other Social Workers				
26. Registered Medical Records Administrator(s)				
27. Other Medical Records Staff				
28. All Other Health Professional and Technical Personnel				
29. Other Non-health Professional and Non-technical Personnel (e.g., Secretarial, Office Staff, Single Task Worker, etc.)				
30. <b>TOTAL (sum of lines 1 – 29)</b>				

Number of hours in work week? .....  
(Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.)

**ACCORDING TO S. 50.095(3)(b), WIS. STATS., SECTIONS E.2 & E.3 ARE *REQUIRED* TO BE COMPLETED.**

- | DURATION OF SERVICE             | Registered Nurses |           | Licensed Practical Nurses |           | Nursing Assistants/Aides |           |
|---------------------------------|-------------------|-----------|---------------------------|-----------|--------------------------|-----------|
|                                 | Full-Time         | Part-Time | Full-Time                 | Part-Time | Full-Time                | Part-Time |
| <b>Hired in 2003</b>            |                   |           |                           |           |                          |           |
| a. Less than 6 Months           |                   |           |                           |           |                          |           |
| b. 6 Months to less than 1 Year |                   |           |                           |           |                          |           |
| <b>Hired Prior to 2003</b>      |                   |           |                           |           |                          |           |
| c. 1 Year or more               |                   |           |                           |           |                          |           |
| <b>TOTAL (3a + 3b + 3c)</b>     |                   |           |                           |           |                          |           |

**(NOTE: FACILITIES FOR THE DEVELOPMENTALLY DISABLED DO NOT NEED TO COMPLETE QUESTION 4.)**

- (Use the dates of 11/30/03 – 12/13/03 if possible, otherwise, use the first full two-week pay period in December.)*

[illegible]

F. LENGTH OF STAY FOR RESIDENTS ON DECEMBER 31, 2003

Of the total residents in the facility on December 31, 2003, how many have resided in the facility

1. 1 to 30 days? ..... \_\_\_\_\_
2. 31 days to 99 days? ..... \_\_\_\_\_
3. 100 days to 180 days? ..... \_\_\_\_\_
4. 181 days to 364 days? ..... \_\_\_\_\_
5. Less than 1 year **subtotal (F1+F2+F3+F4)** ..... \_\_\_\_\_ \*
6. 1 Year to less than 2 Years? ..... \_\_\_\_\_
7. 2 Years to less than 3 Years? ..... \_\_\_\_\_
8. 3 Years to less than 4 Years? ..... \_\_\_\_\_
9. 4 Years or more? ..... \_\_\_\_\_
10. **TOTAL (F5+F6+F7+F8+F9)** ..... \_\_\_\_\_ \*\*

\* **SUBTOTAL MUST** equal the total on Page 14, 6<sup>th</sup> column.

\*\* **TOTAL MUST** equal the total on Page 10, line 4.

G. SUBACUTE CARE

1. Does the facility have a specialized unit dedicated for residents receiving subacute care? ..... ☐ 1. Yes ☐ 2. No
  - a. If yes, number of beds in unit? (Leave blank if no unit.) ..... \_\_\_\_\_
  - b. On December 31, 2003, how many residents were in that unit and receiving subacute care? ..... \_\_\_\_\_
  - c. Is this unit accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing subacute care to your residents? ..... ☐ 1. Yes ☐ 2. No

H. FAMILY COUNCIL

(See State Operations Manual, F25).

1. Does the facility currently have an organized group of family members of residents? ..... ☐ 1. Yes ☐ 2. No
  - If yes, how often does the council meet?  
(**check only one**)
    - ☐ a. Once a week
    - ☐ b. Once a month
    - ☐ c. Once in three months
    - ☐ d. Less than quarterly
    - ☐ e. As often as needed
    - ☐ f. Other (specify) \_\_\_\_\_

I. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2003

For each level of care and payer, indicate the number of residents in the facility **ON DECEMBER 31, 2003**, in the appropriate boxes.

**DO NOT WRITE IN SHADED AREA**

LEVEL OF CARE	PRIMARY PAY SOURCE						TOTAL
	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Family Care	Managed Care	
ISN							
SNF							
ICF-1							
ICF-2							
ICF-3							
ICF-4							
DD1A							
DD1B							
DD2							
DD3							
Traumatic Brain Injury							
Ventilator Dependent							
<b>TOTAL</b>		**					***

\* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

\*\* TOTAL **MUST** equal the total Medicaid Eligible, in the following table.

\*\*\* TOTAL **MUST** equal the total on Page 10, line 4.

Note: If residents are listed in any category, provide the corresponding rate on Page 5, #1.

J. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2003

Of the total Medicaid residents in the facility on December 31, 2003, how many became eligible as Medicaid recipients

- At the time of admission?
- Within 1-30 days after admission?
- Within 31 days to 1 year after admission?
- More than 1 year after admission?
- Unknown?
- TOTAL (J1+J2+J3+J4+J5)**

Males	Females	TOTAL
		*

\* TOTAL **MUST** equal the total Medicaid residents in the above table.

K. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in the facility on December 31, 2002 .....  
(As reported on the 2002 survey, Page 10, Line 4.)

2. Admissions during the year from

- a. Private home/apartment with no home health services .....
- b. Private home/apartment with home health services .....
- c. Board and care/assisted living/group home .....
- d. Nursing home .....
- e. Acute care hospital .....
- f. Psychiatric hospital, MR/DD facility .....
- g. Rehabilitation hospital .....
- h. Other .....
- i. **Total Admissions** (sum of lines 2.a through 2.h) .....

3. Discharges during the year to

- a. Private home/apartment with no home health services .....
- b. Private home/apartment with home health services .....
- c. Board and care/assisted living/group home .....
- d. Nursing home .....
- e. Acute care hospital .....
- f. Psychiatric hospital, MR/DD facility .....
- g. Rehabilitation hospital .....
- h. Deceased .....
- i. Other .....
- j. **Total Discharges** (include deaths) (sum of lines 3.a through 3.i) .....

4. **Persons in the facility on December 31, 2003** (include paid bed holds) .....  
*Note: (Line 1, plus line 2.i, minus line 3.j, **MUST** equal the number reported on line 4.) Ensure that the total on line 4 is consistent with December 31, 2003, totals elsewhere on the survey.*

**L. RESIDENT ADMISSIONS**

1. Level of Care and Primary Pay Source at Admission. Indicate the level of care and primary pay source **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2003**.

**DO NOT WRITE IN SHADED AREA**

LEVEL OF CARE	PRIMARY PAY SOURCE OF RESIDENTS ADMITTED DURING THE YEAR						TOTAL
	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Family Care	Managed Care	
ISN							
SNF							
ICF-1							
ICF-2							
ICF-3							
ICF-4							
DD1A							
DD1B							
DD2							
DD3							
Traumatic Brain Injury							
Ventilator Dependent							
<b>TOTAL</b>							**

\* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

\*\* TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 10, line 2.i.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the following table.

2. Level of Care and Age. Indicate the level of care and age of residents **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2003**.

LEVEL OF CARE	AGE OF RESIDENTS ADMITTED DURING THE YEAR							TOTAL
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	
ISN								
SNF								
ICF-1								
ICF-2								
ICF-3								
ICF-4								
DD1A								
DD1B								
DD2								
DD3								
Traumatic Brain Injury								
Ventilator Dependent								
<b>TOTAL</b>								*

\* TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 10, line 2.i.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the above table.

**M. AGE AND PRIMARY DISABLING DIAGNOSIS FOR RESIDENTS ON DECEMBER 31, 2003**

Each resident in the facility must be recorded **ONLY ONCE** in the category that best explains why he/she is in the facility.  
The corresponding International Classification of Diseases code is listed after each diagnosis category.

PRIMARY DISABLING DIAGNOSIS (ICD-9 Code)	AGE GROUP							
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	TOTAL
Developmental Disabilities								
Mental Retardation (317-319)								
Cerebral Palsy (343)								
Epilepsy (345)								
Autism (299)								
Multiple Developmental Disabilities								
Other Developmental Disabilities*								
Mental Disorders								
Alzheimer's Disease (331.0, 290.1)								
Other Organic/Psychotic (290-294)								
Organic/Non-psychotic (310)								
Non-organic/Psychotic (295-298)								
Non-organic/Non-psychotic (300-302, 306-309, 311-314, 316)								
Other Mental Disorders (315)								
Physical Disabilities								
Paraplegic (344.1-344.9)								
Quadriplegic (344)								
Hemiplegic (342)								
Medical Conditions								
Cancer (140-239)								
Fractures (800-839)								
Cardiovascular (390-429, 439-459)								
Cerebrovascular (430-438)								
Diabetes (250)								
Respiratory (460-519)								
Alcohol & Other Drug Abuse (303-305)								
Other Medical Conditions**								
TOTAL								***

\* Specify the "Other Developmental Disabilities" on a separate sheet of paper, or at the bottom of this page.

\*\* Specify the "Other Medical Conditions" on a separate sheet of paper, or at the bottom of this page.

\*\*\* TOTAL **MUST** equal the total on Page 10, line 4.

**If a resident is listed in any DD category, but is not shown at a DD Level of Care for their Primary Pay Source on Page 9, I, note the reason at the bottom of this page (e.g., the resident does not require active treatment, (N.A.T.), etc.).**

Note: Ensure that the column totals in this table equal the row totals on Page 13, N.

**N. AGE AND GENDER OF RESIDENTS ON DECEMBER 31, 2003**

Age	Males	Females	TOTAL
19 & under			
20-54			
55-64			
65-74			
75-84			
85-94			
95+			
<b>TOTAL</b>			*

\* **TOTAL MUST** equal the total on Page 10, line 4.

Note: Ensure that the row totals in this table equal the column totals on Page 12.

**O. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS ON DECEMBER 31, 2003**

Indicate the number of residents on December 31, 2003, who have the following conditions and/or receive the following services or activities. Residents will be counted in each applicable category. Staff most familiar with resident's care and needs should complete this section (e.g., ward or unit nurse). The following items correspond to items in "Resident Census and Conditions of Residents," Form CMS 672 (10-98).

Activities of Daily Living	Independent	Assistance of One or Two Staff	Dependent	TOTAL
Bathing				*
Dressing				*
Transferring				*
Toilet Use				*
Eating				*

\* **TOTAL MUST** equal the total on Page 10, line 4.

Bowel/Bladder Status	Number of Residents	Special Care	Number of Residents
With indwelling or external catheter		Receiving respiratory treatment	
Occasionally or frequently incontinent of bladder		Receiving tracheostomy care	
Occasionally or frequently incontinent of bowel		Receiving ostomy care	
		Receiving suctioning	
<b>Mobility</b>		Receiving tube feedings	
Physically restrained		Receiving mechanically altered diets	
<b>Skin Integrity</b>		<b>Medications</b>	
With pressure sores (excludes Stage 1)		Receiving psychoactive medication	
With rashes		<b>Other</b>	
		With advance directives	

**P. COUNTY OF RESIDENCE PRIOR TO ADMISSION: Information on this page is used by the Department of Health and Family Services to calculate county-specific nursing home bed needs and to recommend to the Legislature any changes in nursing home bed needs pursuant to s. 150.31, Wis. Stats.**

In the first column, report the county of last private residence prior to entering any nursing home for all residents as of December 31, 2003. In the second column, report the number of residents admitted during 2003 and still residing in the nursing home on December 31, 2003. If the resident did not reside in Wisconsin, report the state of last private residence. **The number of residents reported in the second column CANNOT exceed the number reported in the first column.**

COUNTY	Number of residents on Dec. 31, 2003	Number admitted in 2003 and still a resident on Dec. 31	COUNTY	Number of residents on Dec. 31, 2003	Number admitted in 2003 and still a resident on Dec. 31
Adams			Monroe		
Ashland			Oconto		
Barron			Oneida		
Bayfield			Outagamie		
Brown			Ozaukee		
Buffalo			Pepin		
Burnett			Pierce		
Calumet			Polk		
Chippewa			Portage		
Clark			Price		
Columbia			Racine		
Crawford			Richland		
Dane			Rock		
Dodge			Rusk		
Door			St. Croix		
Douglas			Sauk		
Dunn			Sawyer		
Eau Claire			Shawano		
Florence			Sheboygan		
Fond du Lac			Taylor		
Forest			Trempealeau		
Grant			Vernon		
Green			Vilas		
Green Lake			Walworth		
Iowa			Washburn		
Iron			Washington		
Jackson			Waukesha		
Jefferson			Waupaca		
Juneau			Waushara		
Kenosha			Winnebago		
Kewaunee			Wood		
LaCrosse			<b>LEGAL RESIDENCE OTHER THAN WISCONSIN</b>		
Lafayette			Illinois		
Langlade			Iowa		
Lincoln			Michigan		
Manitowoc			Minnesota		
Marathon			Other		
Marinette			<b>TOTAL</b>	*	**
Marquette			* TOTAL <b>MUST</b> equal the total on Page 10, line 4. ** TOTAL <b>MUST</b> equal Page 8, line 5.		
Menominee					
Milwaukee					

**Q. OTHER INFORMATION ABOUT RESIDENTS ON DECEMBER 31, 2003**

1. Of the residents on December 31, 2003, how many were placed under Chapter 51? .....
2. Of the residents on December 31, 2003, how many had a court-appointed guardian? .....
3. Of the adult residents on December 31, 2003, how many were protectively placed by court order under the Protective Services Act (Chapter 55, Wis. Stats.)? .....
4. Of the residents on December 31, 2003, how many had an **activated** power of attorney for health care? .....
5. Of the residents on December 31, 2003, how many have ever received PASARR Level II Screenings? .....
6. Of the residents identified in question 5, how many were determined to need special services for developmental disabilities? .....
7. Of the residents identified in question 5, how many were determined to need special services for mental illness? .....

Person responsible for completing this form .....  
(**This is who will be contacted if further information is required.**)

Contact person's area code/telephone number ..... EXT: .....

Area code/Fax number .....

Email Address .....

Nursing home's area code/telephone number .....  
(**This number will be published in the Nursing Home Directory.**)

Does the facility have Internet access? ..... ☐ 1. Yes ☐ 2. No

If you are the contact person for *another* nursing home, list the name, city and license number of that facility below.

Name .....

City .....

License Number .....

I certify that I have reviewed the information reported in this document for accuracy and the information is true and correct.

Name of Administrator (**type or print**) .....

**SIGNATURE** - Administrator .....

Date signed .....

FOR OFFICE USE ONLY			
COUNTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POPID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BQADISTR			<input type="checkbox"/>

